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MANUAL

FOR THE

MEDICAL DEPARTMENT

1906

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MANUAL

FOR THE

MEDICAL DEPARTMENT.

1906.

COMPILED UNDER THE DIRECTION
OF THE SURGEON GENERAL.

PUBLISHED BY AUTHORITY OF THE SECRETARY OF WAR, FOR USE IN THE ARMY OF THE UNITED STATES.

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1906.

WAR DEPARTMENT.

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TABLE OF CONTENTS.

	Paragraphs.
Organization of the Medical Department	1
Duties of the Medical Department	2
Medical officers	3–38
Appointment of	4–19
Assignments of	20–23
Examination of, for promotion	24–33
Pay and emoluments of	34–38
Abandonment of posts	39–41
Ambulances, litters, etc	42–47
Army Medical Museum	48
Army Medical School	49–51
Army Nurse Corps	52–73
Duty of the superintendent and nurses	53
Appointment	54
Assignment and duties	55–58
Chief nurse	59
Discharge	60
Illness	61
Leave of absence	62–63
Pay	64
Quarters	65
Reports and returns	66
Reserve nurses	67
Subsistence	68
Transfers	69
Transportation	70
Uniform	71
Male nurses	72
Special nurses	73
Army transports, medical service of	74–84
Artificial limbs	85–87
Blank forms and records	88–91
Certificates of disability	92–95
Chief surgeons of military departments	96–99
Contract surgeons	100–106
Contract dental surgeons	107–121
Disbursing officers	122
Examination of cadets and cadet candidates	123–124
Examination of candidates for commission	125
Examination of officers for promotion or retirement	126
Examination of recruits	127–161
Mode of examining	141–149
Personal identification of enlisted men	150–158
Reenlistments	159–160
Monthly report of examination of	161

	Paragraphs.
Flag of the Geneva Convention	162
General hospitals	163–180
Army and Navy General Hospital	164–178
General Hospital, Fort Bayard, N. Mex	179–180
Hospital buildings	181–191
Hospital Corps	192–275
Instruction of companies of	221–244
Instruction of detachments of	245–271
Return of	272–275
Hospital fund	276–288
Hospital matrons and laundry work	289–300
Hospital matrons	289–291
Laundry work hired	292–300
Hospitals, service of	301–325
Ice for hospitals	326
Information slips	327
Instruction in first-aid	328–329
Medical attendance	330–345
Medical books and journals	346–348
Medical history of post	349
Medical supplies	350–400
Accountability	353–357
Returns of medical property	358
Transfer of	359–361
Unserviceable property	362–364
Purchase of	365–366
Annual requisition for	367–376
Special requisitions for	377–383
Use and care of medical property	384–394
Disinfectants	395–400
Medical supply depots	401
Meteorological instruments	402
Prescriptions	403
Register cards of patients	404–429
Directions for preparing register cards of patients	411–427
Nomenclature of diseases	428–429
Report of sick and wounded	430–440
Reports and returns	441–446
General supply table	447–486
Lists of contents of cases, chests, etc	460–486
Dental supply table	487–493
Field medical service	494–580
Personnel	494–496
Organization	497
Duties in general	498
Transportation and supplies	499–502
Direction of service	503
Service in camp	504–506
Special details	507–508
Guards	509
Service on the march	510–515
Service during and after a battle	516–525
Disability	526

Field medical service—Continued.	Paragraphs.
Examination	527
Charges	528
Medical officers	529–538
Chief surgeon	530
Division surgeon	531
Brigade surgeon	532
Regimental surgeon	533
Surgeon commanding field hospital	534
Surgeon commanding ambulance company section	535
Surgeon commanding stationary hospital	536
Surgeon commanding base hospital	537
Chief surgeon of line of communications	538
Hospital Corps	539–543
Hospital Corps men mounted	543
Mounts, transportation, etc	544
Tentage	545–546
Care of wounded during and after an engagement	547–549
Dressing stations	548
Voluntary service and contributions	550
Organization of hospitals	551–561
Regimental hospital	551
Regimental infirmary	552
Field hospital	553–558
Hospital section	553
Ambulance company section	554–558
Functions	554
Employment during action	556–557
Organization of	558
Stationary hospital	559
Base hospital	560
Advanced medical supply depot	562
Base medical supply depot	563
Hospital trains, boats, and ships	564–565
Sanitary organization, personnel, and transportation for a division	566–568
Sanitation of camps	569
Field register	570–572
Lists of wounded	573
Transfer of sick and wounded	574–577
Report of sick and wounded	578
The Geneva Convention	579
The Hague Peace Conference	580
Field supply table	581–633
For base hospital	582–591
For field hospital	582–591
For stationary hospital	582–591
For advanced medical supply depot	582–589
For regimental hospital	592
For regimental infirmary	593
For ambulance company section	594–595
For advanced medical supply depot, equipment for	596
For offices of chief surgeons, division surgeons, and brigade surgeons	597

Field supply table—Continued. Paragraphs.
Contents of chests, cases, and containers ... 598–623
Spare parts and accessories carried by ambulance ... 624
Spare parts and accessories carried by four-horse wagon ... 625
Parts of wagon or ambulance harness ... 626
Horse equipments for mounted men of the Hospital Corps ... 627
Personal equipment of men of the Hospital Corps issued by Ordnance Department ... 628
Method of packing supplies for field ... 629–632
Loading wagons of advanced medical supply depot ... 633

MANUAL FOR THE MEDICAL DEPARTMENT.

ORGANIZATION OF THE MEDICAL DEPARTMENT.

1. Extract from act of Congress approved February 2, 1901:

SEC. 18. That the Medical Department shall consist of one Surgeon-General with the rank of brigadier-general, eight assistant surgeons-general with the rank of colonel, twelve deputy surgeons-general with the rank of lieutenant-colonel, sixty surgeons with the rank of major, two hundred and forty assistant surgeons with the rank of captain or first lieutenant, the Hospital Corps, as now authorized by law, and the Nurse Corps: *Provided*, That all vacancies in the grades of colonel, lieutenant-colonel, and major created or caused by this section shall be filled by promotion according to seniority, subject to the examination now prescribed by law: *And provided*, That the period during which any assistant surgeon shall have served as a surgeon or assistant surgeon in the Volunteer Army during the war with Spain or since shall be counted as a portion of the five years' service required to entitle him to rank of captain: *And provided also*, That nothing in this section shall affect the relative rank for promotion of any assistant surgeon now in the service, or who may be hereafter appointed therein, as determined by the date of his appointment or commission and as fixed in accordance with existing law and regulations: *Provided further*, That in emergencies the Surgeon General of the Army, with the approval of the Secretary of War, may appoint as many contract surgeons as may be necessary, at a compensation not to exceed one hundred and fifty dollars per month. That on or after the passage of this act the President may appoint for duty in the Philippine Islands fifty surgeons of volunteers with the rank and pay of major, and one hundred and fifty assistant surgeons of volunteers with the rank and pay of captain, mounted, for a period of two years: *Provided*, That so many of these volunteer medical officers as are not required shall be honorably discharged the service whenever in the opinion of the Secretary of War their services are no longer necessary: *Provided further*, That assistant surgeons in the Volunteer Army of the United States commissioned by the President as captains, in accordance with the provision of an Act for increasing the efficiency of the Army of the United States, and for other purposes, approved March 2, 1899, shall be entitled to the pay of a captain, mounted, from the date of their acceptance of such commissions, as prescribed by law: *Provided*, That the Surgeon General of the Army, with the approval of the Secretary of War, be, and he is hereby, authorized to employ dental surgeons to serve the officers and enlisted men of the Regular and Volunteer Army, in the proportion of not to exceed one for every one thousand of said Army, and not exceeding thirty in all. Said dental surgeons shall be employed as contract dental surgeons under the terms and conditions applicable to Army contract surgeons and shall be graduates of standard medical or dental colleges, trained in the several branches of dentistry, of good moral and professional character, and shall pass a satisfactory professional examination: *Provided*, That

three of the number of dental surgeons to be employed shall be first appointed by the Surgeon General, with the approval of the Secretary of War, with reference to their fitness for assignment, under the direction of the Surgeon General, to the special service of conducting the examinations and supervising the operations of the others; and for such special service an extra compensation of sixty dollars a month will be allowed: *Provided further*, That dental college graduates now employed in the Hospital Corps who have been detailed for a period of not less than twelve months to render dental service to the Army and who are shown by the reports of their superior officers to have rendered such service satisfactorily may be appointed contract dental surgeons without examination: *Provided*, That the Secretary of War be authorized to appoint in the Hospital Corps, in addition to the two hundred hospital stewards now allowed by law, one hundred hospital stewards: *Provided*, That men who have served as hospital stewards of volunteer regiments or acted in that capacity during or since the Spanish-American war for more than six months may be appointed hospital stewards in the Regular Army: *And provided further*, That all men so appointed shall be of good moral character and shall have passed a satisfactory mental and physical examination.

DUTIES OF THE MEDICAL DEPARTMENT.

2. The Medical Department is charged with the duty of investigating the sanitary condition of the Army and making recommendations in reference thereto, of advising with reference to the location of permanent camps and posts, the adoption of systems of water supply and purification, and the disposal of wastes, with the duty of caring for the sick and wounded, making physical examinations of officers and enlisted men, the management and control of military hospitals, the recruitment, instruction, and control of the Hospital Corps and of the Army Nurse Corps (female), and furnishing all medical and hospital supplies, except for public animals. A. R. 1413, 1904.

(*a*) The surgeon, under the direction of the commanding officer, will supervise the hygiene of the post or command, and recommend such measures as he may deem necessary to prevent or diminish disease. He will examine, at least once a month, and note in the medical history of the post, the sanitary condition of all public buildings, the drainage, the sewerage, amount and quality of the water supply, the clothing and habits of the men, and character and cooking of the food, and immediately after such examination will report thereon in writing to the commanding officer, with such recommendations as he may deem proper. The commanding officer will return the report, with his views and action indorsed thereon, and if he deem the action recommended impracticable or undesirable, will state fully his objections. The indorsement will be recorded in the medical history of the post, and the report and indorsement will be forwarded by the surgeon, through military channels, to the Surgeon General. Special sanitary reports will take the same

course as the regular monthly sanitary reports. As far as practicable, intermediate commanders will correct sanitary defects, noting their action by indorsement. A. R. 1414, 1904.

MEDICAL OFFICERS.

3. All vacancies are filled by appointment to the junior grade (first lieutenant). Promotion through the intermediate grades of rank from that of captain to that of colonel is by seniority, but there is an examination for the rank of captain and another for that of major, to ascertain the fitness of the officer for promotion. Advancement to lieutenant colonel and colonel takes place without further examination. The Surgeon General is selected by the President from among the officers of the corps.

APPOINTMENTS.

4. No person will be appointed an assistant surgeon in the permanent establishment unless he has been examined and approved by a board consisting of not less than three medical officers designated by the Secretary of War; and no person will be appointed a surgeon unless he has served five years as an assistant surgeon in the Army and has been examined and approved by a board conisting of not less than three medical officers of the Army, designated as aforesaid. A. R. 1415, 1904.

5. No allowance will be made for the expenses of persons undergoing examination, but those who receive appointments will be entitled to travel allowances in obeying the first order assigning them to duty. A. R. 1416, 1904.

6. Appointments to the Medical Department of the Army are made by the President after the applicant has passed a successful examination before the Army medical examining board and has been recommended by the Surgeon General. Due notice of the meeting of the board is published in the medical journals.

7. Permission to appear before the board is obtained by letter to the Secretary of War, which must be in the handwriting of the applicant, giving the date and place of his birth and the place and State of which he is a permanent resident, and inclosing certificates, based on personal acquaintance, from at least two reputable persons as to citizenship, character, and habits.

8. An applicant for the position of assistant surgeon must be between 22 and 30 years of age, a citizen of the United States, and a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, in evidence of which his diploma will be submitted to the board at the time of his preliminary examination. Hospital training and practical experience in the practice

of medicine, surgery, and obstetrics are essential, and an applicant will be expected to present evidence that he has had at least one year's hospital experience or the equivalent of this in practice.

9. The examination for appointment as assistant surgeon in the Army will consist of two parts—a preliminary examination and a final or qualifying examination, as hereinafter described, with a course of instruction at the Army Medical School intervening.

Preliminary examination will be required as follows:

(*a*) Physical. The physical examination must be thorough. Candidates who fall below 65 inches in height will be rejected. Each candidate is also required to certify "that he labors under no physical infirmity or disability which can interfere with the efficient discharge of any duty which may be required." Errors of refraction, when not excessive (see A. R. 1438, 1904) and not accompanied by ocular disease, and when correctible by appropriate glasses, are not causes for rejection.

(*b*) Written examination on the following subjects: Mathematics (arithmetic, algebra, and plane geometry), geography, history (especially of the United States), general literature, Latin grammar, and the reading of easy Latin prose: English grammar, orthography, and composition will be determined from the applicant's examination papers.

(*c*) Written examination in the following subjects: Anatomy, physiology, chemistry and physics, materia medica and therapeutics, and normal histology.

10. The preliminary examination will be conducted by boards of medical officers at the large military stations of the United States by questions in the several subjects sent from the office of the Surgeon General. Formal invitations will be extended to eligible applicants to appear at the most convenient point at which a board is convened, and a date will be fixed for such appearance, which will be uniform throughout the country. No allowances will be made for the expenses of applicants undergoing preliminary examinations.

11. Applicants who obtain a general average of not less than 80 per cent in the preliminary examination will be employed as contract surgeons and ordered to the Army Medical School in Washington, D. C., for instruction as candidates for admission to the Medical Corps of the Army.

12. If, however, a greater number of applicants attain the required average than can be accommodated at the school, the requisite number will be selected according to relative standing in the examination.

13. An applicant thus selected will, prior to employment under contract, be required to make an agreement to accept commission as assistant surgeon if found qualified at the final examination and

that he will serve at least five years thereafter, unless sooner discharged.

14. Contracts with candidates undergoing instruction at the Army Medical School will provide for pay at the rate of $100 per month, without other compensation or allowances, except when traveling under orders, when the usual travel pay for officers will be allowed.

15. An applicant failing in one preliminary examination may be allowed another after the expiration of one year, but not a third; withdrawal from examination during its progress, except on account of sickness, will be deemed a failure.

16. The final or qualifying examination will be held at the close of the term of the Army Medical School, and will comprise the subjects taught in the school together with surgery, practice of medicine, diseases of women and children, obstetrics, hygiene, bacteriology, and pathology. Candidates will also be marked in general aptitude as determined from their service at the school. See par. 49, (*d*) and (*e*).

17. Candidates claiming a knowledge of ancient or modern languages, higher mathematics, or scientific branches other than medical, may be examined in the same and due credit will be given in determining the relative standing of those commissioned. See par. 49 (*e*).

18. The candidates standing highest in this examination who attain a general average of 80 per cent and upward will be selected for commission in the order of their standing to fill existing vacancies in the Medical Department. See par. 49 (*e*).

19. Candidates who attain the requisite general average of 80 per cent and upward who fail to receive commissions because of lack of vacancies will be given certificates of graduation at the school and will be preferred for selection for volunteer commissions and for employment as contract surgeons, and they will be given an opportunity to take the qualifying examination with the next succeeding class. See par. 49 (*e*).

ASSIGNMENTS.

20. The assignment to stations of officers or enlisted men of the staff departments, or of post noncommissioned staff officers, except as provided in the Field Service Regulations, will be made by the War Department or by commanders of territorial divisions and departments, under the special authority of the War Department. The commander of a division or department who, in consequence of the movement of troops or other necessity of service, removes an officer from the station to which he has been assigned by the War

Department will promptly report the case to The Military Secretary *of the Army.* A. R. 746, 1904.

21. *The number of medical officers* assigned to duty at a post will, *when practicable, be as follows: For a post* having as its garrison *a full regiment, three; and for other posts* such number as the *Surgeon General may recommend.*

22. The Surgeon General will recommend the assignment, as *attending surgeons* in the principal medical centers of the United States, of medical officers who have not yet passed their examinations for promotion to a majority, and, so far as may be practicable, in the order of their seniority. These details will be made for not more than one year in order that as many medical officers as possible may be enabled to avail themselves of the opportunities thus offered for making themselves familiar with the practice of the leading physicians and surgeons in this country, and of attending medical lectures, meetings of medical societies, etc. At the end of this tour of duty, medical officers are required to make a detailed report to the Surgeon General, showing how much of their time has been occupied by their official duties, and to what extent they have availed themselves of the advantages offered for professional advancement.

23. Medical officers assigned to duty as attending surgeons and examiners of recruits will select an office hour between the hours of 10 a. m. and 1 p. m., and will remain in their office during this hour, unless called away by an urgent professional engagement. They will [illegible] all officers on duty, and all retired officers living in the city, of their residence address, of their office hour, and of any changes made in the same; also of any leave of absence which may be granted them, and the address of the physician who will attend to their duties while they are absent. They will be careful not to allow attending [illegible] the proper performance of their duties as attending surgeons and examiners of recruits.

[illegible] FOR PROMOTION.

24. The [illegible] officers, senior in rank [illegible] shall act as recorder. The [illegible] found to be physically disqualified [illegible] The Military Secretary may [illegible] members, who may be [illegible] rank. If practicable, [illegible] shall then [illegible] O. S1., W. D., 1901.

25. The [illegible] conducted in the following manner [illegible] as to

moral; third, as to general efficiency; fourth, as to professional qualifications; and the record of the final opinion of the board as to the fitness or unfitness of an officer for promotion shall show which of the above qualifications he does, and which he does not, possess. G. O. 81., W. D., 1904.

26. Before proceeding with the physical examination, the officer about to be examined shall be required to submit, for the information of the board, a certificate as to his physical condition. In event of no cause for disqualification existing, the certificate shall take the following form: "I certify, to the best of my knowledge and belief, I am not affected with any form of disease or disability which will interfere with the performance of the duties of the grade for promotion to which I am undergoing examination." The physical examination will be thorough, and shall include the ordinary analysis of the urine. Defects of vision, resulting from errors of refraction, that are not excessive, and that may be entirely corrected by glasses, do not disqualify, unless they are due to or are accompanied by organic disease. G. O. 81., W. D., 1904.

27. When the board finds an officer physically incapacitated for service, it shall conclude the examination by finding and reporting the cause which, in its judgment, has produced his disability, and whether such disability was contracted in the line of duty. G. O. 81, W. D., 1904.

28. *Moral fitness for promotion.*—Examining boards should fully satisfy themselves with reference to this point, making careful inquiry in all cases of doubt. To this end company commanders will report in writing to commanding officers any facts relating to lieutenants which in their opinion indicate moral unfitness to perform the duties of an officer. Commanding officers shall, when any officer of their command is ordered for examination for promotion, at once report in writing to the president of the examining board any facts in their knowledge relating to such officer's moral disqualifications, at the same time furnishing a copy of said report to the officer concerned. These reports will be thoroughly inquired into and given due weight by examining boards in determining upon an officer's fitness for promotion. In the absence of any detrimental reports from commanding officers, from the records of The Military Secretary's Office, or other reputable and authentic sources, all officers shall be presumed to be of good character, and no testimonials or letters to that effect will be required, submitted, or attached to the proceedings of examining boards. G. O. 81, W. D., 1904.

29. *Fitness as regards general efficiency.*—The use an officer has made of his opportunities in the past, his ability to apply practically his professional knowledge, and his general trustworthiness in the

that he has not received assistance from any unauthor-

never the board finds an officer disqualified for promotion
ıuse, the record shall contain a full statement of the case.
ş of the board shall be stated according to circumstances
d below:

rd is of the opinion that ——— ——— has the physical,
eral efficiency, and professional qualifications to perform
the duties of the grade to which he will next be eligible,
therefore recommend his promotion thereto; or, has the
t has not the ——— qualifications to perform efficiently the
the grade to which he will next be eligible, and does not,
recommend his promotion thereto; or, is physically inca-
for service. His disability is due to ——— and was ———
d in the line of duty. G. O. 81, W. D., 1904.

he questions and answers of the written examination will
nitted with the proceedings of the board. Each record must
d by every member and by the recorder, and must show the
nce or nonconcurrence of each member in the opinion of the
The proceedings will be forwarded to the Surgeon General
final action of the Secretary of War.

PAY AND EMOLUMENTS.

To each rank is attached a fixed annual salary, which is re-
in monthly payments, and this is increased by 10 per cent for
eriod of five years' service until a maximum of 40 per cent is
d. An assistant surgeon with the rank of first lieutenant,
ed, receives $1,600 per annum, or $133.33 monthly. At the
f five years he is promoted to captain and receives $2,000 a
which, with the increase of 10 per cent for five years' service,
00, or $183.33 per month. After ten years' service as captain
ıy would be $2,400 annually, or $200 per month. The pay
ıed to the rank of major is $2,500 a year, which, with 10 per
ıdded for each five years' service, becomes $3,000 after ten
service, $3,250 after fifteen years, and $3,500 after twenty

The monthly pay of lieutenant colonel, colonel, and brigadier
ıl is $333.33, $375, and $458.33, respectively. Officers, in addi-
o their pay proper, are furnished with a liberal allowance of
ers, according to rank, either in kind, or, where no suitable
nment building is available, by commutation. When traveling
ty an officer receives mileage for the distance traveled, includ-
ıe travel performed in joining first station after appointment
istant surgeon. The amount allowed is sufficient to cover all
ses of the journey. On change of station he is entitled to trans-

portation for professional books and papers and a reasonable amount of baggage at Government expense.

35. Mounted officers, including all officers of the Medical Corps, are provided with forage, stabling, and transportation for horses owned and actually kept by them, not exceeding two for all ranks below that of brigadier general. Groceries and other articles may be purchased from the commissary and fuel from the Quartermaster's Department at about wholesale cost price.

36. Instruments and appliances are supplied in abundance for the use of medical officers in the performance of their duties. Well-selected professional libraries are supplied to each hospital, and standard modern publications on medical and surgical subjects are added from time to time; current issues of a number of representative journals are also furnished for use of medical officers.

37. Leave of absence on full pay is allowable at the rate of one month per year, and this, when not taken, may accumulate to a maximum of four months, which at the end of four years is then available as one continuous leave. Beyond this an officer may still be absent with permission on half pay. Absence from duty on account of sickness involves no loss of pay.

38. Medical officers are entitled to the privilege of retirement at any time for disability incurred in the line of duty, or after forty years' service. On attaining the age of 64 they are placed upon the retired list by virtue of law. Retired officers receive three-fourths the amount of their pay proper at the time of retirement.

ABANDONMENT OF POSTS.

39. All public records and papers, such as letters and telegrams received, books of general and special orders and circulars, books of letters received and sent, guard reports, morning reports, descriptive and clothing books, sick reports, etc., are the property of the United States, and will be required by the War Department in the settlement of claims against the Government and for other official purposes. Whenever posts, districts, territorial divisions, departments, corps, divisions, brigades, regiments, and companies are discontinued, all such records will be carefully labeled, packed, and marked, showing the command to which they pertain, and forwarded to The Military Secretary of the Army. Records of discontinued depots of the staff departments will be forwarded direct to the chief of the staff department to which they pertain. A. R. 828, 1904.

40. Unless modified by special instructions from the Surgeon General, the following rules will be observed in the disposition of medical property upon the abandonment of the post:

(*a*) Medicines, dressings, clothing, bedding, and miscellaneous articles in good and serviceable condition should be sent to other posts in the department.

(*b*) Unserviceable property should be submitted to the action of an inspector, with a view to final disposition by sale or destruction.

(*c*) Only such nonexpendable articles as are in perfect order, including recent medical works, and all instruments which can not be transferred to other posts without unnecessary duplication, should be turned in to a medical supply depot.

41. When a post is abandoned or a detachment is broken up, the medical officer will report the fact to the chief surgeon, and, after completing all current reports, will forward them to the Surgeon General, together with all official papers, records, and record books pertaining to the medical department of the post.

AMBULANCES, LITTERS, ETC.

42. Ambulances are vehicles provided for the service of the Medical Department. They will be used only for the transportation of the sick and wounded, the recreation of convalescent patients, or to give instruction in the duties of the ambulance service. They will be furnished and repaired by the Quartermaster's Department, will always be subject to the call of the surgeon, and, when practicable, will be housed near the hospital. A. R. 1456, 1904.

43. One regulation ambulance with proper harness will be issued to each post. To posts of more than 400 men, the number to be issued will be one additional ambulance for each additional 400 men or major fraction thereof. A. R. 1457, 1904.

44. At each post one or more of the privates of the corps will be designated by the surgeon as ambulance driver. In addition to his other duties, he will care for the ambulance, its equipment and harness, and see that they are always in readiness for immediate use. In the field he will care for the animals. When it is necessary to use the ambulance for any transportation purposes, the commanding officer, on the application of the surgeon, will see that the requisite animals are provided by the quartermaster and placed at the disposal of the surgeon. A. R. 1458, 1904.

45. Each company will be furnished with one hand litter, which will be kept ready for use at all times. It will be supplied and repaired by the Quartermaster's Department. A. R. 1459, 1904.

46. Travois, mule litters, etc., may be issued upon the recommendation of the chief surgeon. A. R. 1460, 1904.

47. Commanding officers will inspect ambulances, litters, and other appliances for transporting the wounded, at each monthly inspection, and see that they are completely equipped. When practi-

cable, the ambulance fully equipped for service will be presented for inspection, with the animals attached. A. R. 1461, 1904.

ARMY MEDICAL MUSEUM.

48. Medical officers and others interested in the progress of medical science are invited to make contributions to the Army Medical Museum. Medical officers who have the opportunity are expected to collect and send interesting medical and surgical specimens, especially those that illustrate tropical diseases and those that show the effects of modern firearms and of the more primitive weapons that are still employed in warfare. Examples of the arms, dress, domestic implements, articles of diet, and of medicine, when any of these differ from those used by the white race in the United States, will be acceptable. Also specimens of poisonous insects and reptiles and their influence on animal life are desired.

(*a*) Soft tissues should be placed in a 20 per cent solution of commercial formaldehyde (formalin), the specimen being completely covered by the solution. The fluid on very soft tissue, or large masses of tissue, such as the liver, spleen, etc., should be changed after two or three days. When formalin is not obtainable, commercial alcohol may be used. Bones and joints, after having been roughly cleaned, may be simply wrapped in a cloth wet with the preservative solution, and then again wrapped in oiled paper or silk.

(*b*) Since glass and earthenware vessels are liable to be broken in transit, the use of tin vessels is recommended, the covers to be tightly soldered on. Whatever vessel is used should be packed in sawdust, excelsior packing, stiff paper, or equivalent substitute, in a wooden box. Small dry specimens may be sent by mail; and small wet specimens also, if inclosed in the boxes which have been approved by the Post Office Department.

(*c*) Each specimen should be tagged with a slip of wood having written upon it in pencil for identification a number or letter, the name of the donor, the date, place of collection, and, if practicable, a brief description of the specimen itself. Ordinary pencil marks upon wood are not affected by alcohol or formalin. A letter of advice reporting the mark on the specimen, briefly describing it, and, if possible, giving its history, should be sent direct to the museum. The more complete the history the more acceptable it will be.

(*d*) Although paragraph 1152, A. R. 1904, provides for the transportation of all such contributions through the Quartermaster's Department, it should be known that if the importance of the object, or security, demands a more prompt delivery, the package may be sent by express to the curator of the museum, by whom the charges will be paid. The receipt of every package will be duly acknowledged, and credited to the contributor.

ARMY MEDICAL SCHOOL.

(See A. R. 454 (4*e*), 1904—Military education; A. R. 900, 1904—Inspection of; G. O. 139, W. D., 1905—Regulations governing; and Cir. 42, W. D., 1904—Text-books prescribed for.)

49. (*a*) The purpose of this school is to train, in such subjects as are peculiarly appropriate to the duties which a medical officer of the Army is ordinarily called upon to perform—

(1). Graduates of reputable medical schools who have qualified for appointment as assistant surgeons in the Army by passing the preliminary examination required by paragraph 9, and who shall be officially known as "student candidates."

(2) Medical officers of the Army who desire to avail themselves of the course of instruction and who are stationed in or near the city of Washington, or who have leave of absence which enables them to attend the course and who have permission of the Surgeon General to do so.

(3) Medical officers of the militia as authorized by G. O. No. 7, Headquarters of the Army, A. G. O., January 24, 1903.

(*b*) The course of instruction at the Army Medical School shall be of eight months' duration, commencing on the first day of October; it shall consist of lectures and practical work.

(*c*) During the course of instruction the students shall be held under military discipline, and their character, habits, and general deportment shall be closely observed; if, for any valid reason, a student candidate for commission should be deemed undesirable, his contract may at any time be annulled by the Surgeon General.

(*d*) The final or qualifying examination shall be held at the close of the term of the Army Medical School and shall comprise the subjects taught in the school, namely, duties of medical officers, Medical Department administration, and customs of the service; military hygiene; clinical microscopy; military surgery; tropical medicine; sanitary chemistry; Hospital Corps drill; operative surgery; ophthalmology and optometry; military medicine; X-ray work; equitation; and the following additional subjects for student candidates: Surgery, practice of medicine, diseases of women and children, obstetrics, hygiene, bacteriology, pathology.

(*e*) Candidates will be marked in general aptitude as determined by their service at the school. Candidates claiming a knowledge of ancient or modern languages, higher mathematics, or scientific branches other than medical, and who request examination therein, may be so examined, and due credit given in determining the relative standing of those commissioned. Commissioned officers and candidates who attain a general average of 80 per cent and upward shall be given certificates of graduation at the school, and the candidates standing highest in this examination will be selected for commission in the order of their graduation to fill existing

vacancies in the Medical Department. Candidates who have received certificates of graduation but who fail to receive commissions because of lack of vacancies in the Medical Department, will be preferred for selection for volunteer commissions and for employment as contract surgeons, and they will be given an opportunity to take the qualifying examination with the next succeeding class.

(*f*) The school shall consist of a president, such instructors, assistant instructors, student officers, student candidates, and enlisted men as may be assigned to it for duty by order of the War Department.

(*g*) The president, instructors, and assistant instructors shall be detailed by orders of the War Department from among the medical officers of the Army. They shall constitute the "faculty."

(*h*) The secretary of the faculty and the officer responsible for all property pertaining to the school shall be chosen by the president, subject to the approval of the Surgeon General, from among the junior officers.

(*i*) The president shall from time to time convene the faculty of the school for the consideration of questions relating to the course of instruction and of such other subjects as may properly be brought before it. The faculty shall prescribe text-books, the allotment of time to each subject, and the character and scope of the examinations. No action of the faculty which changes the regulations of the school shall be final until approved by the War Department.

(*k*) The president of the faculty shall submit to the Surgeon General, on or before July first of each year, a detailed report of the condition of the Army Medical School, including an account of the instruction given and the proficiency of the several student officers, as shown by an examination made by each instructor at the termination of his course.

50. Students receiving an average of 80 per cent or over shall be rated as "proficient," and those receiving an average of 90 per cent or over shall be rated as "proficient with honor," on the certificates of graduation.

51. Medical officers who receive certificates of graduation and also student candidates commissioned after graduation shall be borne on the Army Register as "graduates" or "honor graduates," as the case may be, of the Army Medical School.

ARMY NURSE CORPS.

52. Extract from an act of Congress approved February 2, 1901:

SEC. 19. That the Nurse Corps (female) shall consist of one superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight hundred dollars per annum, and of as

many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon General, with the approval of the Secretary of War; that they shall be graduates of hospital training schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And provided*, That the superintendent and nurses shall receive transportation and necessary expenses when traveling under orders; that the pay and allowances of nurses, and of reserve nurses, when on active service, shall be forty dollars per month when on duty in the United States and fifty dollars per month when without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department.

DUTIES OF THE SUPERINTENDENT AND NURSES.

53. The superintendent of the Army Nurse Corps, under the direction of the Surgeon General of the Army, will have general supervision of the Corps, and her duties and the duties of the chief nurses and nurses shall be as prescribed by the Surgeon General. A. R. 1451, 1904.

APPOINTMENT, QUALIFICATIONS FOR.

54. Application for appointment in the Army Nurse Corps should be made to the Surgeon General. Before being placed on the eligible list the applicant must pass the prescribed examinations, as follows:

(*a*) *Physical qualifications.*—The applicant will submit written replies to certain questions duly sworn to before a notary. Whenever practicable she will be examined by an army surgeon. When, however, such procedure involves a journey of more than 100 miles the nurse will submit a certificate of her physical condition from at least one reputable physician personally acquainted with her. Blanks for these purposes will be furnished by the Surgeon General.

(*b*) *Moral and professional qualifications.*—Applicants must have graduated from a training school for nurses which gives a thorough professional education, both theoretical and practical, and which requires a residence of at least two years in an acceptable hospital. The applicant will be required to furnish a certificate from the superintendent under whom she was trained, giving the date of her graduation, the character of her work and conduct during the period of her training, her moral character at the date of graduation and so far as known at the time of application. If the applicant was trained under a former superintendent of nurses, the indorsement of the latter is also desirable.

(*c*) *Mental examination.*—This examination will be in writing. The questions will be prepared by the Surgeon General and will be practical in character.

(*d*) Approved candidates will be placed on the eligible list for appointment as their services may be required.

(*e*) The following form will be used in making appointments of nurses to the Army Nurse Corps:

ARMY NURSE CORPS, WAR DEPARTMENT,
OFFICE OF THE SURGEON GENERAL,
Washington, ——— ———, *190—*.

With the approval of the Secretary of War, ——— ———, of ——— ———, is hereby appointed in the Nurse Corps (female) for at least three years, unless sooner discharged, to date from ——— ———, 190—, and will enter upon her duties after taking the oath prescribed by section 1757 of the Revised Statutes of the United States.

——— ———.
Surgeon General, U. S. Army.

ASSIGNMENTS AND DUTIES.

55. Army nurses will be assigned to duty at military hospitals under the direction of the Surgeon General. They will be required to serve wherever they may be needed, at home or abroad. At hospitals where two or more nurses are serving, one will be assigned as chief nurse.

(*a*) The tour of duty without the limits of the United States will usually be at least two years.

(*b*) Nurses can not leave their stations except under orders, or when granted a leave of absence.

(*c*) After appointment, unless otherwise ordered by the Surgeon General, a nurse will serve at least three months in the United States, during which period she will be given special instruction in army nursing.

(*d*) When female nurses are required for service at a hospital the surgeon in charge will make application to the Surgeon General, through the chief surgeon, for as many as may be needed, stating the circumstances and the necessities of the case.

56. The services of army nurses will be afforded sick and wounded officers, enlisted men, and other patients in military hospitals. When traveling under orders on transports they will assist in the care of sick officers and enlisted men, under the direction of the transport surgeon. A. R. 1452, 1904.

57. Members of officers' and enlisted men's families are not entitled to the services of army nurses, but in great emergencies and for the manifest interest of the service, nurses will care for such patients when so directed by the officer in charge of the hospital, a report of the fact being made in each instance to the Surgeon General through military channels. A. R. 1453, 1904.

58. The pay, allowances, and privileges of nurses are specified by law, and they are forbidden to receive presents from patients, or from the relatives or friends of patients, for services rendered when on duty. A. R. 1455, 1904.

CHIEF NURSE.

59. A nurse shall not be permanently assigned to duty as chief nurse unless she shall have passed a satisfactory examination as prescribed by the Surgeon General.

(*a*) At such times as he may deem necessary the Surgeon General shall appoint boards for the examination of nurses for promotion to the grade of chief nurse.

(*b*) The examination papers of nurses shall be forwarded to the Surgeon General for his consideration and action.

(*c*) Nurses who prove themselves to be possessed of marked executive ability, good judgment, and tact, will be recommended by the commanding officer of the hospital at which they are on duty, for examination for promotion to the grade of chief nurse.

(*d*) Lists of those nurses who pass the required examination shall be sent to the chief surgeon of the department in which they are serving or to the commanding officer of a United States general hospital, who will make assignments therefrom to duty as chief nurse.

(*e*) Pending the receipt of lists of candidates for promotion to the grade of chief nurse the chief surgeon will make temporary assignments of nurses to that grade. Nurses thus assigned shall hold their assignments so long as their services are needed and their duties are performed in a satisfactory manner.

(*f*) A chief nurse whose services are no longer required as such may be discharged or be assigned to regular duty as nurse, as she may elect.

(*g*) All assignments or reductions, with the reasons therefor, will be promptly reported to the Surgeon General.

(*h*) When required by climatic conditions the chief nurse may, with the approval of the officer in charge of the hospital, substitute the eight-hour day for the usual ten or twelve hours of ward duty.

(*i*) If the hospital is large enough to require it, one or more nurses may be assigned to duty as assistants to the chief nurse without extra pay.

(*k*) The chief nurse will render efficiency reports of the nurses serving under her on the last day of each month. Blanks for these reports will be furnished by the Surgeon General. Such reports should include not only an estimate of a nurse's professional work, but should also, under the head of "Remarks," include a statement as

to her physical fitness and general acceptability for army service. Indiscreet or undignified conduct must always be reported under the same head.

(*l*) When a nurse changes station the chief nurse will prepare a report on her efficiency and forward it through the commanding officer of the hospital which she is leaving to the commanding officer of her new station. This report will be attached to the first efficiency report made to the Surgeon General after her arrival.

DISCHARGE.

60. Nurses may be discharged from the service, (1) at any time their services are no longer needed; (2) on account of illness, and (3) for misconduct. Recommendation for the discharge of a nurse on account of misconduct will be submitted to the Surgeon General, with a report of the facts after a careful investigation, in which she shall have a fair opportunity to be heard in her own defense, and when so discharged the indorsement on the appointment indicating discharge, as provided below, will state "for misconduct," and the word "honorably" will be omitted.

(*a*) Upon honorable discharge from the service the following indorsement will be placed on the appointment of the nurse:

——— ———, *190—*.

With the approval of the Secretary of War, honorably discharged from the Army Nurse Corps, ——— ———, 190—.

——— ———, *U. S. Army.*

The authority directing the discharge will be quoted.

(*b*) Orders to proceed to her home will not be given to a nurse requesting discharge before the expiration of the three years stipulated in her appointment. A nurse so discharged will be required to refund to the Government the cost of transportation and necessary expenses involved in obeying her first order, this amount to be fixed by the Quartermaster General and payment of the same to be made to the nearest quartermaster.

Requests for such discharge must be made to the Surgeon General in writing and the reasons therefor must be given in full. An official copy of the order authorizing her first journey at Government expense must be inclosed.

ILLNESS.

61. A nurse is entitled to receive medical attendance from an army surgeon and medicines when ill. This will be provided for at the hospital where she may be serving, but when it is reported as desirable, the Surgeon General, or chief surgeon within his department, may order a nurse's transfer to and treatment in some other army hospital. Bills contracted by a nurse for medical attendance

can not be allowed, nor will extra leave of absence with pay be granted because of illness.

(*a*) A nurse will not be discharged for disability contracted in line of duty until after reasonable time has been allowed for treatment. Full reports in all cases of nurses under treatment in hospital should be forwarded to the Surgeon General for his information.

LEAVE OF ABSENCE.

62. The total duration of leave of absence with pay granted a nurse shall not exceed thirty days for each calendar year.

(*a*) An additional leave without pay or allowances not to exceed one month may be granted when the service will permit.

(*b*) The commanding officer of a general hospital, or officer in charge of a hospital, may grant a leave of absence to a nurse (and an extension of same, as above provided) when it can be done without detriment to the service. No leave of absence, or extension, will be granted unless requested by the nurse in writing. The original paper granting the leave will be given to the nurse and the facts reported to the Surgeon General.

(*c*) Nurses on foreign service can not be granted leave "to take effect after arrival in the United States," but nurses assigned to transport duty may be granted leave after reaching port.

(*d*) A nurse on leave of absence in the United States will report in writing to the Surgeon General at least one week prior to the expiration of said leave.

(*e*) When a nurse is under orders to leave her station or is granted a leave of absence, the officer in charge of the hospital will indorse on her appointment the day of her departure, date and source of order, date of last payment, and name of paymaster by whom she was paid. The date of her return to duty will also be indorsed thereon.

63. At places where the services of trained nurses are not otherwise obtainable a nurse may, if she so desires, and with the approval of the officer in charge of the hospital, be granted a special leave, without pay and allowances, in order to take a private case, such leaves not to exceed sixty days. A. R. 1454, 1904.

PAY.

64. The pay and allowances of nurses and reserve nurses when on active service shall be $40 per month when on duty in the United States, and $50 per month when without the limits of the United States. See par. 52.

(*a*) Chief nurses receive the same allowances as nurses. Their pay is regulated as follows: When assigned to duty as chief nurse

at any hospital where two or more nurses are stationed, they shall receive, in addition to pay as nurse, $5 per month; where five or more nurses are stationed, the chief nurse shall receive, in addition to pay as nurse, $10 per month; where ten or more nurses are stationed, the chief nurse shall receive, in addition to pay as nurse, $25 per month. In no case shall a nurse be paid more than $75 per month.

(*b*) Nurses will be paid on monthly pay rolls furnished by the Pay Department, prepared and properly certified by the officer under whom they may be serving, signed by the nurse, and forwarded either to the chief paymaster of the division or department or presented to the paymaster visiting the post, for settlement. All payments to a nurse must be noted on her appointment.

(*c*) Discharged nurses will be paid on pay rolls prepared by the officer under whom they may be serving at the date of discharge. The pay accounts of nurses ordered home for discharge will be prepared in the Office of the Surgeon General.

QUARTERS.

65. In each hospital such quarters as may be available will be furnished for the use of nurses. Where several are serving, a common sitting room will be provided, when practicable.

(*a*) Sheets, towels, pillowcases, table linen, and other washable articles will be furnished by the hospital for the nurse's use, to be washed as part of the hospital laundry.

REPORTS AND RETURNS.

66. On the last day of each month the officer in charge of a hospital will forward a return of female nurses to the Surgeon General, through the chief surgeon, on blank form furnished by the Surgeon General. On this should be noted all the changes (with dates) which have taken place in the status of the nurses since the last report. These returns should be carefully prepared, and should furnish full information of the actual status of the nurses, including leaves of absence.

(*a*) The officer in charge of a hospital will forward to the Surgeon General, through the chief surgeon, the monthly and special efficiency reports prepared by the chief nurse, stating by indorsement whether or not he concurs in the grading reported by her. He will also indorse thereon his report of the efficiency of the chief nurse, specifying in detail the character of the services rendered by her. See par. 59, (*k*) and (*l*).

(*b*) Should there be a surplus of nurses at any hospital, the officer in charge will immediately report the fact to the chief surgeon, who will forward the report to the Surgeon General. In the Philippines

Division the chief surgeon will recommend to the commanding general that surplus nurses be returned to the United States, with directions to report immediately on arrival to the chief surgeon of the Department of California, who will place them on temporary duty and request instructions from the Surgeon General.

(*c*) When a nurse is directed to proceed to her home for discharge she will be instructed to report immediately on arrival by letter to the Surgeon General.

(*d*) Every change in the status of nurses, such as arrival, departure, leaves of absence granted, orders given, death, etc., will be promptly reported to the Surgeon General through the chief surgeon by the officer in charge, giving Christian names and surnames in each instance. For this purpose information slips may be used.

RESERVE NURSES.

67. A nurse who has served faithfully and satisfactorily for at least six months and received an honorable discharge will, if she should so desire, be placed on the reserve list.

(*a*) Each reserve nurse must sign an agreement to enter active service whenever she may be needed, and to report by letter to the Surgeon General on the first of January and the first of July each year. Reserve nurses wear the badge of the army nurses, but are not entitled to pay or allowances, except when on active service.

(*b*) When called into active service they will be subject to all established rules and regulations and will receive the pay and allowances of nurses on the active list. They may be granted leave of absence with pay at the rate of two and one-half days per month of active service, not exceeding thirty days during the calendar year.

(*c*) A nurse will be dropped from the reserve list upon reaching the age of 45 years, or if she ceases for five years to practice her profession, or if she becomes permanently incapacitated from ill health, or for other good and sufficient reason; but a nurse shall not be dropped from the reserve list without due notice of the cause for such action and an opportunity to reply to any charges which may be made against her.

SUBSISTENCE.

68. A nurse, while on duty in hospital, will receive commutation of rations at the rate of 30 cents per day.

(*a*) When on leave of absence with pay a nurse will receive commutation of rations at the rate of 25 cents per day.

(*b*) On Government transports nurses will be provided with meals free of charge in the saloon mess.

(*c*) When stationed in a city or town where subsistence is not furnished by the Government, nurses will receive commutation of rations at the rate of 75 cents per day.

TRANSFERS.

69. Transfers from one division or department to another will not be made, except by authority of the Surgeon General, but a chief surgeon may transfer nurses, should the exigencies of the service require it, from one hospital to another within his division or department.

(*a*) Transfers of nurses will be immediately reported to the Surgeon General, with a full statement of the circumstances in each case.

TRANSPORTATION.

70. All journeys at public expense must be in pursuance of orders from proper authority; prompt obedience of such orders is required and unnecessary delays will not be permitted.

(*a*) Nurses traveling under orders will be entitled (under the regulations governing transportation of the Army) to transportation, one double berth in "standard sleeper," staterooms on boats, and 250 pounds of personal baggage, at public expense. Under proper authority, orders for such transportation, etc., will be issued by the Quartermaster's Department. Where such orders can not be procured, a nurse may pay her own travel fare (which must not exceed the cost of a first-class limited ticket between her starting point and destination). The amount of such expenditure may be included in the account of necessary expenses incurred while traveling under orders, as hereinafter provided (section *e*).

(*b*) A nurse ordered home for discharge from service outside of the United States usually gets transportation to New York or to San Francisco. On arrival in either city she will proceed to the army building, where, on presentation of her travel order, she will be furnished transportation to the point designated as her home, which must be fixed at the time of appointment.

(*c*) Travel to and from points beyond the limits of the United States and between island possessions, in all cases where practicable, will be by army transport.

(*d*) Nurses traveling under orders from competent authority will be allowed, in addition to transportation, reimbursement for necessary expenses not to exceed $3 per day, to be paid by the Quartermaster's Department.

(*e*) When expenses are incurred as above, an itemized account, in duplicate, with date and place of incurrence of each item, will be prepared and attached to Blank No. 13½, Quartermaster's Department, also in duplicate. These must be properly filled out, signed by the nurse, and sworn to before a notary or officer duly authorized to administer oaths. The receipts on the blanks will also be signed by the nurse. When practicable, receipts in duplicate for the items

charged will be submitted. When this is impracticable, the fact should be so stated in the affidavit.

UNIFORM.

71. The uniform of the Army Nurse Corps will consist of a waist and skirt of suitable white material, adjustable white cuffs, bishop collar, and white cap, according to patterns and specifications in the Office of the Surgeon General.

(*a*) A nurse provides for the laundry of her uniform.

(*b*) The badge of the Corps is a modified Maltese cross in green enamel with gilt edge. This is pinned on the left side of the uniform or on a corresponding part of her dress when she is not in uniform.

(*c*) Uniforms may be procured after reaching post of duty, where detailed instructions on this subject will be supplied. The uniform will invariably be worn during the hours of duty.

(*d*) Nurses not in uniform will not be allowed in the wards without special permission of the chief nurse or officer in charge.

(*e*) No changes in the prescribed uniform of the Nurse Corps will be made without authority of the Surgeon General.

MALE NURSES.

72. The regulations governing the Army Nurse Corps are also applicable in general terms to male nurses under contract.

SPECIAL NURSES.

73. Accounts for the payment of special nurses employed, when necessary for the proper care of the patient, to attend sick officers or soldiers on duty at posts or stations where treatment in any army hospital can not be obtained will be sent to the Surgeon General for settlement. The accounts will set forth the full name and address of the nurse, the full name, rank, company, and regiment or corps of the patient, the disease for which he was treated, the dates of service and number of hours per day service was rendered, and the rate of pay per week or per month. Pay may be allowed at reasonable rates approved by the Surgeon General, not, however, exceeding $21 per week, except upon special authority granted by the Secretary of War. The nurse will certify that the account is correct and just, that the services were rendered as stated, and that the patient is not related to the nurse. The attending physician will certify that the services of a nurse were indispensable to the proper care of the patient, that the nurse was competent, that the services were rendered as claimed, and that the charges do not exceed those customary in the vicinity for competent nurses. The officer will certify, or, if no officer is cognizant of the facts, the enlisted man

will make oath, to the correctness of the account, stating that the patient was on duty at the time and place specified and why treatment in an army hospital could not be obtained. When practicable, the patient will pay the account and transmit it, properly receipted, to the Surgeon General for reimbursement, the fact of payment by the patient being plainly stated both by the patient and the nurse. No account for nurses employed in trivial cases will be paid. A. R. 1508, 1904.

ARMY TRANSPORTS, MEDICAL SERVICE OF.

(See Army Transport Service Regulations.)

74. Medical superintendents of the Army Transport Service, on the day following the arrival or sailing of a transport, will forward to the Surgeon General a passenger list of the personnel of the Medical Department aboard the vessel.

75. To each transport will be assigned a transport surgeon who, under the direction of the medical superintendent and the transport quartermaster of the ship, will act as medical officer of the ship. He will be held responsible for the proper equipment and supply of the hospital, for the proper and thorough sanitation of the ship, for the satisfactory services of the hospital attendants, and for the care and treatment of the sick and injured among the ship's officers, crew, and casual passengers. When there are medical officers on duty with troops on board, the transport surgeon will provide hospital accommodations, supplies, and attendants for the sick of the command and the families of officers and enlisted men pertaining thereto, leaving their treatment to the medical officers on duty with the troops.

76. The medical officers on duty with troops will attend the sick of the command en route under the direction of the senior medical officer present, who will supervise the general health of the troops on board, under the orders of the commanding officer.

77. The transport surgeon is responsible for the proper care and use of the hospital equipment and property, and for the discipline and instruction of the hospital attendants. The hospital will not be used for other purposes than for the accommodation of the sick, without the approval of the transport surgeon.

78. The surgeon of a vessel of the United States Transport Service will purchase from the proper transport officer on such vessel, paying for the same from the appropriation "Subsistence of the Army," such articles of subsistence stores as he shall certify are actually needed for the special diet of the sick on board. These stores will be accounted for by the surgeon in the same way as are other articles of diet procured by him for the sick.

79. The personnel of the medical service on army transports will be detailed from the Medical Service of the Army, by proper authority, on the recommendation of the medical superintendent.

80. Transport surgeons will carefully observe quarantine regulations at home and foreign ports, and at infected ports will take care to prevent the embarkation of infected persons and property. They will personally examine all persons coming on board at infected ports who are unprovided with health certificates by proper authority, and will recommend in writing to the transport quartermaster such action as may be necessary to avoid infection of the ship.

81. The commanding officer of the troops, accompanied by the transport quartermaster, the officer of the day, the police officer, and the transport surgeon, will inspect the berth and mess decks, latrines, bathrooms, hospital, galleys, etc., each morning at 10 o'clock.

82. Transport surgeons will keep a record of the inspections required by par. 81, and during each voyage will note:

(1) The quantity and quality of the water supply of the vessel.

(2) The quantity, quality, and cooking of the rations.

(3) The ventilation of all berth decks, including staterooms and the hospital, and quarters of the crew.

(4) The adequacy and cleanliness of the bedding and clothing.

(5) The sanitary condition of bathrooms, lavatories, closets, and storerooms.

(6) The prevalence (or absence) of infectious diseases on board.

83. During the voyage the transport surgeon will make to the transport quartermaster such recommendations for the correction of defective sanitation on board as may be noted during inspections. On completion of the voyage he will submit a sanitary report (Form 50, Med. Dept.) of the vessel, with copies of special reports made during the voyage and the action of the transport quartermaster thereon.

84. The transport surgeon will make a physical examination of men applying for shipment with the crews of army transports, reporting to the transport quartermaster on their physical fitness for service, and transmitting to the medical superintendent (Form 60, Med. Dept.) a record of such examinations.

ARTIFICIAL LIMBS.

85. Every officer, enlisted man, or employee of the military forces of the United States, who, in the line of duty or through disease contracted in service, shall have lost a limb, or the use of a limb, will receive once every three years an artificial limb or appliance, or commutation therefor if he shall so elect, under such regulations as the Surgeon General of the Army shall prescribe. The money

value allowed as commutation is, for a leg, $75; for an arm, foot, and apparatus for resection, $50. A. R. 1517, 1904.

86. Necessary transportation, including sleeping-car accommodations, required for travel to place where artificial limbs may be fitted, will be furnished by the Quartermaster's Department, the cost to be refunded from any money appropriated for the purchase of artificial limbs. A. R. 1518, 1904.

87. Application for an artificial limb or for its commuted value should be made by the claimant direct to the Surgeon General, War Department, Washington, D. C.

BLANK FORMS AND RECORDS.

88. The standard blank forms used in Army administration, with the notes and directions thereon, have the force and effect of Army Regulations. New forms or alterations will not be made without the authority of the Secretary of War, and the date on which a form or alteration was authorized will be printed on the form itself. All notes or directions on these blanks will, prior to their issue, be approved by the Secretary of War. These forms and lists of them will be furnished by the chiefs of the various bureaus and offices of the War Department. Requisitions therefor will call for them by number and name. A. R. 1603, 1904.

89. Manuscript returns, rolls, certificates, and other documents are prohibited, when the proper printed forms are on hand. A. R. 1604, 1904.

90. The following blank forms are issued for the use of the Medical Department. Requisitions will be made for a supply for six months, and the required number of each blank will be stated:

Blank forms and records.

Form No.	Title.
1	Account current. (For disbursing officers only.)
2	Voucher to account current, receipt for funds transferred. (For disbursing officers only.)
3	Voucher to account current, invoice of funds transferred. (For disbursing officers only.)
4	Voucher to account current, abstract of disbursements. (For disbursing officers only.)
5	Voucher to abstract of disbursements, bill for supplies or services (general form for bills not specially provided for on other forms).
6	Voucher to abstract of disbursements, pay roll of employees.
7	Voucher to abstract of disbursements, bill for medical attendance.
8	Voucher to abstract of disbursements, bill for prescriptions.
9	Voucher to abstract of disbursements, bill for nursing.
10	Voucher to abstract of disbursements, bill for hospital care and treatment.
11	Voucher to abstract of disbursements, bill for examining and vaccinating recruits.
12	Invoice of articles purchased. (To accompany bill for supplies, Form 5.)
13	Report of open-market purchases exceeding $200. (For disbursing officers only.)
14	Report of open-market purchases not exceeding $200. (For disbursing officers only.)
15	Account of sales.
16	Voucher to account of sales, inventory of medical property sold.
17	Return of medical property received, issued, and remaining on hand at depot. (For supply depots only.)
18	Abstract of medical property received by purchase. (For supply depots only.)
19	Abstract of medical property received from officers. (For supply depots only.)
20	Abstract of medical property issued, sold, etc. (For supply depots only.)
21	Return of medical property, post.
22	Return of medical property, field.
23	Invoice of medical supplies, post.
24	Invoice of medical supplies, field.
25	Invoice of medical supplies, small.
26	Receipt for medical supplies, post.
27	Receipt for medical supplies, field.
28	Receipt for medical supplies, small.
29	Return of dental property.
30	Invoice of dental supplies.
31	Receipt for dental supplies.
32	Packer's list.
33	Requisition for medical supplies, post.
34	Requisition for medical supplies, field.
35	Requisition for medical supplies, special.
36	Requisition for dental supplies, annual.
37	Requisition for blank forms.
38	Circular advertisement and proposal for supplies.
39	Circular advertisement and proposal for laundry work.
40	Abstract of proposals.
41	Contract for medical supplies.
42	Contract for laundry work.
43	Bond for fulfillment of contract.
44	Contract with private physician.
45	Contract for services as nurse.
46	Return of medical officers.
47	Return of the Hospital Corps.
48	Application for transfer to the Hospital Corps.
49	Statement of the hospital fund.
50	Monthly sanitary report.
51	Report of sick and wounded, sheet.
52	Register and report card.*
53	List of wounded.
54	List of patients suffering from epidemic disease.
55	Clinical chart (sheets 1, 2, 3, and 4).
56	Numerical weekly report of hospital.
57	Report of dental operations, sheet 1.
58	Report of dental operations, sheet 2.
59	Numerical report of dental operations.
60	Monthly report of physical examination of recruits.
61	Report of record books.
62	Monthly efficiency report of female nurses.
63	Return of female nurses (monthly).
	RECORD BOOKS, ETC.
------	Deaths and interments.
------	Information-slip book.
------	Medical history of post.
------	Morning-report book, large.
------	Morning-report book, small.
------	Order and letter book.
------	Letter-press book.
------	Letters-sent book, with index. (For special issue only.)
------	Letters-received book, with index. (For special issue only.)
------	Register of the hospital fund.
------	Register of physical examination of recruits.
------	Prescription-file book.
------	Register and prescription book.
------	Register of dental operations.
------	Mailing tubes.

*When used for register of patients known as "register card;" for report of sick and wounded as "report card;" and for transfer of patients as "transfer card."

91. The report of record books pertaining to the Medical Department will be forwarded when an officer is relieved from duty or when a post is abandoned. The letter-press book will be accounted for on this report. Orders, letters, letters received, and indorsements may be kept in separate books and substituted for the joint order and letter book and letters-received and indorsement book. The letter-press book may be used as an official record of letters and indorsements sent. In all record books a statement explanatory of the contents will be pasted on the inside of the front cover. Care must be taken that signatures are made in these books wherever necessary. Entries in record books will be continuous until the books are filled; the date of commencement and of last entry to be noted on the report. In the column of "Remarks" should be noted whether or not each book is in use and if not, the reason should be stated. If all record books are not on hand, requisition for a complete supply will be promptly made.

CERTIFICATES OF DISABILITY.

(See A. R. 138, 139, 1904—Discharges of enlisted men on; A. R. 177, 1904—For admission to Soldiers' Home; A. R. 466, 1904—For insane soldiers; A. R. 877, 880, 1904—Discharge of recruits on.)

92. When an enlisted man is permanently unfitted for military service because of wounds or disease, he should, if practicable, be discharged on certificate of disability before the expiration of the term of service in which the disability was incurred. The certificate of disability will be prepared by the post surgeon and will be filled out in his handwriting. Blank forms will be furnished by The Military Secretary of the Army, and the directions thereon will be strictly complied with. A. R. 157, 1904.

93. When an application for discharge is approved, the post or regimental commander will furnish to the surgeon by whom the certificate was given, or to the senior surgeon of the command to which the soldier was attached at the time of his discharge, a letter setting forth the full name and rank of the soldier, the company and regiment to which he belonged, the date of discharge, and the cause thereof as stated in the certificate. The surgeon, having made a true copy of the letter for the completion of his own records, will forward the original to the Surgeon General direct. A. R. 158, 1904.

94. As disability occurring in the service is usually made the basis of a claim for pension, special care will always be taken to state in the certificate the degree of disability, to describe particularly the disability, wound, or disease, the extent to which it deprives the soldier of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor. If such disability was incurred in the line of duty, and the soldier declined treatment for the relief of such disability where treatment was

directed, that fact will be set forth in the certificate for the information of the Pension Office. A. R. 159, 1904.

95. In the examination of certificates for disability for discharge, it is enjoined upon the chief surgeons, and others accountable, to observe that there is no conflict between the reports of company commanders, medical and other officers thereon, as to whether disability was incurred in line of duty or not in line of duty. If any discrepancy exists in this particular, every possible means will be employed to harmonize the reports before finally forwarding the papers to The Military Secretary of the Army.

CHIEF SURGEONS OF MILITARY DEPARTMENTS.

(See A. R. 195, 1904—Detailed by the Secretary of War.)

96. The duties of chief surgeons of military departments are to advise the department commander on all matters connected with the sanitary condition of posts and troops in the department and the improvement of the health of the command, and act on the recommendations made by surgeons of posts in their monthly sanitary reports.

To recommend to the department commander the discharge from service on surgeon's certificate of all soldiers found unfit for duty on account of physical disability.

To act on estimates for hospital construction and repairs, and for repairs and construction of the quarters of sergeants first class, Hospital Corps, and other buildings of the Medical Department.

To act on applications to submit unserviceable medical property for the action of an inspector, and on inventory and inspection reports for the proper disposition of said property.

To examine requisitions for medical and hospital supplies and make such changes as may be deemed necessary, and in cases of emergency not admitting of delay, to send requisitions to the nearest supply depot for issue, or to authorize local purchase.

To authorize enlistments for, and supervise the instruction of, members of the Hospital Corps; to detail privates of the Hospital Corps as sergeants after examination; to recommend to the department commander the transfer of members of the Hospital Corps to meet the requirements of epidemics or other emergencies and to fill vacancies.

To regulate the disbursements from the hospital fund in the interest of the sick and examine the hospital-fund statement received from each post in the department before approval.

To examine the monthly reports of sick and wounded received from surgeons at stations in the department, and to compile the statistics required for the chief surgeon's report made at the end of the fiscal year. See par. 431 (*a*).

To act upon applications for sick leave for officers, sick furloughs for enlisted men, and furloughs for members of the Hospital Corps.

To act on accounts for medical attendance and medicines furnished by civilian physicians in the absence of a medical officer of the Army, to officers and enlisted men on duty, and also on accounts for medical supplies purchased for, or services rendered to, the Medical Department.

To make to the Surgeon General a monthly return of the Hospital Corps and of the Army Nurse Corps serving in the department.

To act on all papers in any way connected with the Medical Department of the Army which are referred to the chief surgeon for necessary action.

97. Each chief surgeon will make to the Surgeon General on the last day of every month a return of medical officers, contract dental surgeons, and physicians under contract. A. R. 1516, 1904.

98. Whenever it is deemed necessary, the chief surgeon should apply to the department commander for an order to inspect the posts in his department. He should keep himself thoroughly informed upon the following subjects relating to the command:

(1) Sanitary condition.

(2) Care of sick.

(3) Efficiency of medical officers.

(4) Management of the hospitals.

(5) Instruction, discipline, control, and efficiency of the Hospital Corps, trained nurses, and all other persons attached to the Medical Department.

(6) Quality, quantity, and care of medical supplies.

(7) Condition of hospital buildings and quarters of sergeants first class, Hospital Corps.

(8) Condition of medical field equipment.

(9) Chief surgeons at their inspections will carefully investigate the method of preparing requisitions, particularly as to the necessity for the quantities asked for and the accuracy with which the quantities on hand are stated.

99. Chief surgeons will keep and turn over to their successors the following records: Letters received, letters sent, indorsements, and orders; also complete files of orders, circulars, requisitions, records of medical officers, returns of the Hospital Corps, and reports received.

CONTRACT SURGEONS.

100. Civilian physicians and dentists may be employed as contract surgeons and contract dental surgeons under contracts entered into by or with the authority of the Surgeon General of the Army. They are entitled to the transportation and fuel allowances of first

lieutenants, and when on duty at a post or station where quarters in kind are provided by the United States they will be entitled to the quarters allowed by regulation to an assistant surgeon of the rank of first lieutenant; they are not entitled to commutation of quarters, nor to the 10 per cent increase of pay for foreign service as provided by law for officers. A. R. 1417, 1904.

101. Contract surgeons and dental surgeons are entitled to the same protection in their positions and the same respect and obedience from enlisted men as commissioned officers. A. R. 1418, 1904.

102. Whenever the contract of a physician or dentist is annulled, the fact and date of annulment will be noted in writing on his contract, and when ordered to his home for annulment of contract, such fact will also be noted thereon by the officer under whose orders he may at the time be serving. A. R. 1419, 1904.

(*a*) Contract surgeons, on availing themselves of leaves of absence, must submit their contracts to the commanding officer of the post or station where serving, who will indorse thereon the date of commencement and duration of leave. The actual date of their rejoining from leave should also be noted on contract on return to post or station. A. R. 1420, 1904.

103. Contract surgeons and dental surgeons must present their contracts to paymasters when applying for payment of salaries, and paymasters will indorse thereon date and period for which paid. If a contract surgeon on foreign service desires to have his accounts paid in the United States, the months for which such accounts have been transferred will be indorsed on the contract by a paymaster or the commanding officer, who will indorse on each voucher "Transfer noted on contract (signature)," and such accounts will not be paid unless so indorsed. A. R. 1293, 1904.

104. The services rendered by a contract surgeon are not restricted to those of a purely professional character; on the contrary, his eligibility for duty is the same as that of an assistant surgeon, except in so far as it is limited by the fact that he is not a commissioned officer. A contract surgeon, though not eligible for detail on courts-martial, may prefer charges against an enlisted man and may be detailed on councils of administration, and as post treasurer, etc. He may also witness payments to enlisted men under the provisions of paragraphs 1343 to 1365 of the Regulations. A. R. 1421, 1904.

105. A contract with a private physician for the performance of the duties of a medical officer agreeably to Army Regulations is made in quadruplicate; two copies to be forwarded to the Surgeon General for his action and record, one copy to be given to the physician to be contracted with, and one copy to be retained by the officer making the contract. Contracts made by the Surgeon

General, or the chief surgeon of a military department or army in the field, will be annulled only by the direction of those officers.

106. No full-dress uniform is authorized for contract surgeons; their dress, service, and white uniforms and overcoat will conform to those of medical officers, but without the shoulder straps or insignia of rank. The collar ornaments for their dress and white uniforms will be of silver instead of gold, and the letters "C. S." will replace the letters "U. S." The collar ornaments on their service uniform will be of dull-finish bronze metal, the letters "C. S." replacing the letters "U. S." Par. 61, G. O. 197, W. D., 1904.

CONTRACT DENTAL SURGEONS.

(See pars. 100, 101, 102, and 103.)

107. Contracts with dental surgeons will be made for three years, but may be annulled at any time by the commanding general of a territorial division or department, after official investigation, for conduct to the prejudice of good order and military discipline, or by the Surgeon General when in his opinion a termination of the contract would be in the interests of the service. A. R. 1422, 1904.

108. Dental surgeons are attached to the Medical Department, and will be assigned to duty in accordance with the recommendations of the Surgeon General of the Army or the chief surgeon of a military department. A. R. 1423, 1904.

109. A dental surgeon when assigned to a station will apply to the post commander for a suitable operating room. If no other room is available, the surgeon of the post may assign him a room in the hospital. Each dental surgeon will ordinarily be allowed one enlisted man as an assistant, who will be detailed from the members of the Hospital Corps, and whose duty it will be to assist the dentist in his operations, in caring for the instruments and other public property, in keeping the records, and in the performance of such other official work pertaining to this position as he may be directed by the proper authority to do. A member of the Hospital Corps detailed as dentist's assistant and stationed in a city or town will be provided with a suitable room as quarters by the Quartermaster's Department, but when stationed at a post, in camp, or in the field, he will be attached to the Hospital Corps detachment. A. R. 1424, 1904.

110. In accordance with the act of Congress authorizing their employment, dental surgeons will "serve the officers and enlisted men of the regular and volunteer Army."

The families of officers and civilian employees attached to the Army are not entitled to their services. In this connection contract and dental surgeons are to be regarded as officers. A. R. 1425, 1904.

111. Dental surgeons will operate between the hours of 9 a. m. and 4 p. m. upon those officers and enlisted men who are entitled to their services. They may operate upon others, not entitled to free service, before and after these hours, when their services are not required by those entitled to them, but material issued to them by the Government will only be used in operations upon officers and enlisted men of the Army. A. R. 1426, 1904.

112. Dental surgeons will not perform any operations upon officers or enlisted men of the Army or prescribe medicines for them, other than those necessary for the treatment of the teeth and gums. This prohibition does not apply to cases of emergency, where no medical officer is within reach, and where a dental surgeon is able to render necessary surgical assistance to meet the immediate emergency. A. R. 1427, 1904.

113. Emergency work, whether for officers or enlisted men, should always have precedence. Plate work, or restoration of teeth by any method, will only be done for those who have lost teeth while in the service and in the line of duty. For plate work or filling teeth only the cheaper materials will be supplied, but gold may be used if the operating dentist sees fit to use it, at the expense of the individual operated upon. A. R. 1428, 1904. (See also Cir. 26, W. D., 1906.)

114. Enlisted men requiring the services of the dental surgeon will, at an hour prescribed by the commanding officer, be conducted to the designated place under a noncommissioned officer, who will take with him and hand to the dentist a list of those reporting for treatment. This list will be entered in a daybook ruled in columns for surname, given name, rank, company, regiment, etc., the headings to be the same as those borne on his monthly report. A. R. 1429, 1904.

115. All cases requiring treatment involving future appointment will be so noted, and the others will be marked according to the circumstances, as "Treatment unnecessary," "Further treatment unnecessary," "Should be sent to surgeon," etc. When future treatment is necessary, the dentist will forward a card as follows:

——— ———, *190—*.

The ADJUTANT,

———.

SIR: I have the honor to ask that ——— ——— be directed to report to me from ——— m. to ——— m. on ——— inst. for treatment.

Very respectfully,

———, *Dental Surgeon.*

A. R. 1430, 1904.

116. Candidates for the position of contract dental surgeon are required to pass a rigid physical examination, and those who do not

possess the required physical qualifications will not be permitted to enter upon the professional examination. The latter examination embraces both theoretical knowledge and practical operative and prosthetic dentistry; particular stress being laid upon clinical examination in practical work.

117. The examination includes the following subjects:

Anatomy.
Physiology.
Histology.
Physics.
Chemistry.
Metallurgy.
Dental anatomy and physiology.
Dental materia medica and therapeutics.
Dental pathology and bacteriology.
Orthodontia.
Oral surgery.
Operative dentistry, theory.
Prosthetic dentistry, theory.
Practical (clinical)—
Operative dentistry.
Prosthetic dentistry.

An average of 75 per cent is required in each subject of the theoretical examination and 85 per cent in the practical examination.

(*a*) Examinations will be authorized only when necessary to fill vacancies. Selected candidates will, in this event, be invited to present themselves to the examiner stationed nearest to their place of residence. No allowances can be made for the expense of persons undergoing examination, no public funds being available for such purpose.

118. Dental surgeons will keep only one register of dental operations for all stations and will register therein all cases in the order of their dates of admission to sick report, placing the name of each post or station across the face of the register, so that it shall appear above the entries of the cases treated thereat.

DIRECTIONS FOR PREPARING THE REGISTER OF DENTAL OPERATIONS.

(*a*) The entries on the register will be made day by day as the cases are admitted and will be continuous, i. e., without break from day to day and month to month. Ordinarily there will be but one entry for each case, although it may be prolonged for days, as all conditions treated or operated upon which were found on admission or developed during treatment should be recorded. If it become necessary to postpone part of the work in a case to a subsequent

period, the fact should be stated. Exceptionally, cases which present many complications may have to be carried forward to current date to secure space for a satisfactory record; but in such cases the two entries should be connected by cross references.

In Column I will be inscribed the patient's number. Every case entered on the register will have a number for convenience of reference and these numbers will be consecutive and will be carried forward indefinitely. If patient has been previously on dental report at the post, his latest register number should be entered immediately over his current number. In the exceptional cases referred to above no change is made in the register number of the patient, which, with the name of patient, should be entered to secure identification, but no further repetition of the original entry is necessary, as the words "carried from page —" written after the name will suffice to connect the record.

In Column II the Christian name and surname should be entered in full; initial letters may be used for middle names.

In Columns III, IV, and V, calling for "Rank," "Company," and "Regiment or Corps," the usual abbreviations may be employed.

In Column VI the age at last birthday should be entered. This entry is understood to be made on date of admission.

In Column VII the letter "W," "C," "I," "P. R.," or "F," meaning "white," "colored," "Indian," "Porto Rican," or "Filipino," will be entered.

In Column VIII the day, month, and year of admission should be stated. Figures should not be used to designate the month.

In Column IX the name of the patient's post or station will be entered.

In Column X the diagnosis should be entered. Space should be taken so that all the conditions to be treated may be separately entered and the result of treatment or operation in each may be recorded in the several columns without crowding, as indicated on sample page of the register.

In Column XI operations and other dental work performed in case should be entered without crowding.

In Column XII should be entered with date the complications, sequelæ, etc., or new conditions discovered. Treatment should be recorded as indicated on sample page.

In Column XIII the result of treatment or of operation should be entered, i. e., whether cured, improved, unimproved, successful, unsuccessful, or undetermined.

In Column XIV the dates on which treated or operated upon should be entered and, when required, special statements relative to case.

(*b*) The monthly report of dental operations should contain full transcripts of all cases for the month, the names of the stations being transcribed in the same order as entered on the register and be also noted, with dates of the dental surgeon's arrival and departure, on page 1, under "Remarks," on the left. The name of the station occupied on the last day of the period will be placed at the head of the report.

119. The enlisted assistants to the contract dental surgeons will be attached to the detachment of the Hospital Corps for rations and quarters and will be mustered on its rolls. The post surgeon will be responsible for their discipline and will keep their clothing and pay accounts. Dental assistants are regarded as being under special instruction eight hours daily, during which the dental surgeon is on duty, and will not be required to attend other instruction. Contract dental surgeons will be mustered on the rolls of the detachment of the Hospital Corps.

120. Should it for any reason be necessary to recommend that an officer or enlisted man be excused from duty on account of dental disease the contract dental surgeon will report the case to the surgeon of the post, who will take it up on his register of sick and wounded, but in other cases no report of dental operations will be made except by the contract dental surgeon.

121. No full-dress uniform is authorized for dental surgeons; their dress, service, and white uniforms, and overcoat will be the same as those prescribed for contract surgeons, using the letters "D. S." in place of the letters "C. S." Par. 62, G. O. 197, W. D., 1904.

DISBURSING OFFICERS.

(See A. R. 580 to 660.)

122. Medical officers detailed as disbursing officers will pay accounts against the Medical Department contracted by them. They will pay accounts contracted by other officers only when the same shall have been approved by the Surgeon General; except that routine accounts due to creditors residing in the insular possessions, or Alaska, may be paid by the disbursing officers there upon the approval of the chief surgeon of the military division or department in which the accounts were incurred. They will forward with every account for supplies purchased and paid for by them, or paid for on the approval of the chief surgeon as above, an invoice of articles received by purchase (Form 12), but no invoice is required with prescription accounts paid for on Forms 7 and 8.

EXAMINATION OF CADETS AND CADET CANDIDATES.

123. Medical officers will be guided by the following instructions in examining candidates for admission to the United States Military Academy:

(*a*) Hearing must be normal in both ears.

(*b*) Vision, as determined by the official test types, must not fall below 15/20 in either eye, and not below 20/20 unless it can be made normal by proper glasses and is not due to ocular disease.

(*c*) Color blindness is not a cause for rejection, but must be noted upon the form for physical examination and the applicant so informed.

(*d*) The requirements of the following tables of physical proportions are *minimum for growing youths* and are for the guidance of medical officers in connection with the other data of the examination, a consideration of all of which should determine the candidate's physical eligibility. Mere fulfillment of the requirements of the standard tables does not determine eligibility, while on the other hand no departure below the standard should be allowed unless upon the unanimous recommendation of the medical examining board for excellent reasons clearly stated in each case.

In determining age it should be that of the nearest birthday at the time of examination, but no candidate will be accepted who is under 17 or over 22 years of age. Fractions of an inch in height greater than ½ inch will be considered as an additional inch of height, but candidates 17 years old must be at least 64 inches tall and those 18 years and upward at least 65 inches tall.

Tables of physical proportion for heights, weights, and chest measurements.

TABLE NO. I.

Age.	Height, inches.	Weight, pounds.	Chest measure, expiration.	Chest mobility.
17 years	64	110	29	2
17 years	65	112	29¼	2
17 years	66	114	29½	2
17 years	67	116	29¾	2
17 years	68	119	30	2¼
17 years	69	122	30¼	2½
17 years	70	125	30½	2½
17 years	71	128	30¾	2½

TABLE NO. II.

18 years	65	117	30¼	2
18 years	66	119	30½	2
18 years	67	121	30¾	2
18 years	68	124	31	2¼
18 years	69	127	31¼	2½
18 years	70	130	31½	2½
18 years	71	133	31¾	2½
18 years	72	136	32	3

Tables of physical proportion for heights, weights, and chest measurements—Continued.

TABLE No. III.

Age.	Height, inches.	Weight, pounds.	Chest measure, expiration.	Chest mobility.
19 years	65	121	30¾	2
19 years	66	123	31	2
19 years	67	125	31¼	2
19 years	68	129	31½	2½
19 years	69	133	31¾	2½
19 years	70	137	32	2½
19 years	71	141	32¼	2½
19 years	72	145	32½	3
19 years	73	149	32¾	3

TABLE No. IV.

20 years	65	122	31	2
20 years	66	124	31¼	2
20 years	67	126	31½	2
20 years	68	130	31¾	2½
20 years	69	134	32	2½
20 years	70	138	32¼	2½
20 years	71	142	32½	2½
20 years	72	146	32¾	3
20 years	73	150	33	3
20 years	74	154	33¼	3½

TABLE No. V.

21 years	65	123	31¼	2
21 years	66	125	31½	2
21 years	67	127	31¾	2
21 years	68	132	32	2½
21 years	69	137	32¼	2½
21 years	70	142	32½	2½
21 years	71	147	32¾	2½
21 years	72	152	33	3
21 years	73	157	33¼	3
21 years	74	162	33½	3½
21 years	75	167	33¾	3½

TABLE No. VI.

22 years	65	125	31½	2
22 years	66	127	31¾	2
22 years	67	129	32	2
22 years	68	134	32¼	2½
22 years	69	139	32½	2½
22 years	70	144	32¾	2½
22 years	71	149	33	2½
22 years	72	154	33¼	3
22 years	73	159	33½	3
22 years	74	164	33¾	3½
22 years	75	169	34	3½
22 years	76	174	34¼	4

124. (*a*) Candidates will be carefully examined, while stripped, by the methods prescribed in the authorized manual for the examination of recruits, and will be rejected for any mental or physical defect which would constitute a cause of rejection in the case of a recruit, or for any apparent feebleness of constitution, or cachexia.

(*b*) When a candidate is admitted on probation the report in each case will state exactly what the probationary period should be

and for what purpose. At the end of the period a reexamination will be made, and if the cadet has not reached the standard, he will be discharged.

(*c*) In order that defectives may be detected and eliminated from the Academy as soon as possible a physical examination of each class will be made once every year by a medical board of which the senior surgeon at the Military Academy will be a member.

(*d*) The result of the physical examination in each case, whether accepted or rejected, will be recorded on the blank form furnished by The Military Secretary for this purpose and forwarded to the Surgeon General.

EXAMINATION OF CANDIDATES FOR COMMISSION.

(A. R. 36, 1904, and G. O. 93, W. D., 1906.)

125. When examining candidates for commission, medical officers will note all deviations from the normal and will make a full and detailed statement of all defects found which disqualify for service. The vision of candidates for commission (except for the Medical Department) must not be below 15/20 in either eye as determined by the official test types, and not below 20/20 unless it can be made normal by proper glasses and is not accompanied by ocular disease.

EXAMINATION OF OFFICERS FOR PROMOTION OR RETIREMENT.

126. When examining officers for promotion or retirement medical officers will make a full and detailed statement of all defects found which disqualify for service. Where defects of vision or hearing are found, the condition of each eye or ear will be reported separately.

EXAMINATION OF RECRUITS.

127. The physical examination of recruits will be conducted in accordance with the authorized manual for the examination of recruits. The enlistment paper of each recruit must show what indelible or permanent marks were found on his person. A. R. 873, 1904.

128. When there is no medical officer at the station, the recruiting officer, assisted by the enlisted members of the recruiting party, will make the required examination. See G. O. 154, W. D., 1905.

129. The medical examination of recruits enlisted at general recruiting stations will be held at the recruit depots or military posts to which the recruits are first sent from those stations, and will be conducted as directed in paragraph 131. See G. O. 154, W. D., 1905.

130. Every accepted (sworn) recruit will be vaccinated at the recruiting station. Vaccine virus is supplied by the Surgeon General.

As soon as the recruit joins any depot, regiment, or post he will be examined by the surgeon to ascertain whether vaccination is required. In all cases where there is not unmistakable evidence of successful vaccination within a reasonable period the operation will be performed immediately. See A. R. 876, 1904.

The following directions will be observed by medical examiners in carrying into effect these requirements:

(*a*) Sterilize the area to be vaccinated, usually the outer aspect of the left arm at or near the insertion of the deltoid, by thoroughly scrubbing with soap and water, using a scrub brush and following with alcohol. The skin should be permitted to dry by evaporation.

(*b*) Scarify the arm within the sterile area. This should be done with a sterile needle or lancet by making several fine parallel scratches and cross scratches. These should *be only deep enough to slightly redden the surface.*

(*c*) Apply the lymph from tube or point, spread it over the scarified surface with a suitable sterile instrument, allow to dry, and then cover with a sterile protective dressing.

131. Within two days after the arrival of a recruit at a depot from a general recruiting station he will be sent by the commanding officer to the surgeon for examination and report as to the recruit's fitness or unfitness for the service. If the recruit be found unfit for service by reason of physical or mental unsoundness, the surgeon will prepare and forward with his report a surgeon's certificate of disability, which shall state specifically the nature and extent of the disability, the cause thereof, when it is practicable to determine it, and whether or not the disqualifying disability existed prior to enlistment. If the disability existed prior to enlistment, the surgeon will state in his report whether or not the disability is of such a character that it should have been discovered by the recruiting officer at the time of enlistment. If, in the opinion of the surgeon or the commanding officer, the enlistment of any recruit received at a depot was illegal or he has a disqualifying disability that should have been discovered by the recruiting officer, the commanding officer will convene a board of three officers, one of whom shall be a medical officer if such officer is available, to examine into the case, and if the board recommends the discharge of the recruit for disability or for illegality of enlistment, it will fully report its reasons, based upon a thorough investigation, and will show in its report whether the enlistment involved fraud; whether the disability, if any is found, existed prior to enlistment; when, where, and by whom the enlistment was made; and whether, in the opinion of the board, the disqualification should have been discovered by the recruiting officer. If the board is of the opinion that the recruiting officer was at fault in making the enlistment, it will, before making its report, communicate with him and

give him an opportunity to be heard in the case, but if he fails to respond with reasonable promptness, the board will proceed with the case and render its report without further delay. The record of the proceedings of the board, together with the report of the surgeon, the surgeon's certificate of disability, and the original form for examining a recruit will be forwarded directly to The Military Secretary of the Army with the recommendation of the commanding officer. If, in the opinion of both the surgeon and the commanding officer, the disqualification is not of such a character that it should have been discovered by the recruiting officer at the time of enlistment, the case will not be referred to a board of officers, but the commanding officer will forward the certificate of disability with the accompanying report of the surgeon and the original form for examining a recruit directly to The Military Secretary of the Army. All military posts to which recruits may be sent from general recruiting stations without previous medical examination will be regarded as depots within the meaning of this regulation. A. R. 877, 1904.

132. Every detachment of recruits ordered from a recruit depot to any organization or post will, immediately preceding its departure, be critically inspected by the post commander and the senior medical officer present, and any sick or otherwise disabled will be held at depot. A recruit deemed unfit for continuance in the service will not be sent to a regiment, but a board of officers will be convened to consider the case and report as indicated in the preceding paragraph. A. R. 878, 1904.

133. Before recruits are forwarded from a depot to organizations the post commander will cause the character of each recruit to be entered upon the descriptive and assignment card; also the date and result of last vaccination. Officers in charge of detachments, if called upon, will exhibit the entries relative to vaccination to authorized inspectors of State boards of health. A. R. 879, 1904.

134. Upon arrival at a post each recruit who has not undergone examination by a medical officer or contract surgeon will be examined, and defects will be recorded by the medical officer, with his opinion as to whether they existed prior to enlistment. A certificate of disability will be submitted if the recruit is disqualified for the service. If the certificate be submitted, the post commander will carefully scan the answers made by the recruit on the "Form for the physical examination of a recruit," and if his answers show that fraud was practiced to secure his enlistment the post commander will make full report of the facts to The Military Secretary of the Army, and forward therewith the certificate and the examination form. See A. R. 880, 1904.

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135. A register of medical examination of recruits will be kept at each recruiting station and depot. A report of the recruits examined during the preceding month will be forwarded, not later than the sixth day of every month, to The Military Secretary of the Army. The Military Secretary of the Army will furnish blanks for the purpose, as well as blank registers of medical examination. When a register is filled it will be forwarded to The Military Secretary. Cases of "recruits on probation" who have failed for any cause to complete their enlistment will be indicated by an appropriate entry in the column of "Remarks," both on the monthly reports to The Military Secretary and in the register. See A. R. 881, 1904.

136. The compensation allowed to civilian physicians for the vaccination of recruits will be 50 cents for each authorized vaccination. Accounts for vaccination of recruits will show the physician's address, the particular location of the recruiting station, and the number of accepted recruits vaccinated each day, and the charge. The physician will certify that the men were vaccinated, and the recruiting officer that they were accepted (sworn) recruits. See A. R. 1509, 1904.

137. The sick at recruiting stations, excepting those with trivial disabilities or those with severe injuries which render their removal impracticable, will be sent by the recruiting officer for treatment to the nearest military hospital. Accounts of civilian physicians for medical attendance and medicines furnished to recruits, assigned or unassigned, will give the date of enlistment in each case. A. R. 1510, 1904.

138. For infantry, coast artillery, and engineers the height must be not less than 5 feet 4 inches, and weight not more than 190 pounds. For cavalry and field artillery (except mountain batteries) the height must be not less than 5 feet 4 inches and not more than 5 feet 10 inches, and weight not to exceed 165 pounds. For the mountain batteries the height must be not less than 5 feet 8 inches and not more than 6 feet.

139. For all arms of the service the weight must be not less than 128 pounds. A variation not exceeding a fraction of an inch above the maximum height given for cavalry and field artillery, is permissible if the applicant is in good health and is in other respects desirable as a recruit.

140. The chest mobility, i. e., the difference between the measurement at inspiration and expiration should be at least 2 inches in men below 5 feet 7 inches in height and 2½ inches in those above that height.

MODE OF EXAMINING A RECRUIT.

141. In passing a recruit, the examining officer is to examine him stripped; to see that he has free use of his limbs; that his chest is ample; that his hearing, vision, and speech are perfect; that he has no tumors or ulcerated or extensively cicatrized legs; no rupture or chronic cutaneous affection; that he has not received any contusion or wound of the head that may impair his faculties; that he is not a drunkard; is not subject to convulsions, and has no infectious or other disorder that may unfit him for military service. The recruit must be effective, able-bodied, sober, free from disease, and of good character and habits.

(*a*) The room in which the examination is conducted should be well lighted and large enough for the men to exercise in walking, running, and jumping, as every organ directly concerned in locomotion should be subjected to inspection. Only those persons who are absolutely required should be present at the examination.

(*b*) The person of the recruit should be washed with soap and water before he is presented for inspection. It is not, however, believed to be good policy to enlist men who, though able-bodied and intelligent, appear at recruiting stations in ragged or filthy dress, as the chances are such men are tramps and vagabonds and will not make good soldiers. Men who, though attired in clean and respectable clothing, are found to be filthy in their persons, should be promptly rejected for like reasons.

142. Thoroughness in the preliminary examination is assured by a methodical inquiry into the family and personal history of the applicant whose replies should be recorded at the time. For this purpose a printed form is furnished by The Military Secretary (Form for the physical examination of a recruit). The form also serves as evidence, should the recruit allege unfitness from a defect that is feigned, or be subsequently found unfitted for duty on account of one which has been concealed.

(*a*) The questions prescribed on this form are intended simply as a guide to a careful and searching examination into the physical history of the applicant for enlistment. If his replies suggest the existence of any infirmity or defect, special inquiry should be made concerning it, in order that the most complete information may be elicited. These questions, and any others necessary to develop his fitness for the duties of a soldier, should be asked and the man's replies recorded, by the recruiting officer, before he is stripped, after which the examination is proceeded with. Dashes in lieu of definite answers are not to be used.

143. In the absence of a medical officer the recruiting officer will make and record the physical examination. In this case the form

will remain with or follow the recruit until he has undergone examination by a medical officer, who will note the same upon the front fold. It will then be forwarded without delay to The Military Secretary, except as provided in paragraphs 131 and 134.

(*a*) In every case where the examination form does not have to follow the recruit, it should be sent with the personal identification record, paragraph 150, direct to The Military Secretary. If the examination form has to be sent elsewhere for completion by a medical officer, the personal identification record is not delayed, but should be forwarded at once to The Military Secretary with a letter stating when and where the examination form has been sent.

144. Each peculiarity or deviation from the normal standard is to be noted on the form for the physical examination of a recruit.

(*a*) If a careful inspection is made and a defect is noted which is not considered by the officer making the examination to be disqualifying, he is relieved from responsibility; but if he passes a recruit who has a serious defect which is discernable by an ordinary layman, and enlists the man without noting the defect upon the examination form and the enlistment paper, it evidences neglect in the examination.

(*b*) There may sometimes be specially desirable applicants whose examination will disclose some defect not of a serious nature, which in the opinion of the recruiting officer and that of the examiner of recruits will not impair the efficiency of the men as soldiers. Such cases may be reported to The Military Secretary for decision, with a statement of the nature and extent of the defect and with an appropriate recommendation. When authority to enlist has been given by The Military Secretary the fact should be noted on the examination form.

(*c*) Alteration in the name of the recruit, past or present, is also to be noted.

(*d*) In stating birthday, give month, day, and year.

145. Before recruits leave the station for the recruit depot or post they should be carefully reexamined and a statement to that effect made on the form, with a note descriptive of any defect which may have been discovered or contracted since the enlistment.

146. A completed examination form is required for file in the office of The Military Secretary in the case of every soldier who completes enlistment or reenlistment by taking the oath (including scouts and Indians). In the case of applicants who do not take the oath it may be destroyed after it has served its purpose in the conduct of the examination.

(*a*) No letter of transmittal is necessary.

147. As Indian scouts are now enlisted for three years they will undergo the same physical examination as other enlisted men. The

examination form will be used for this purpose, and, when filled up and completed, will be forwarded to The Military Secretary.

148. The following table is given for convenience of reference:

Table of physical proportions for height, weight, and chest measurement.

Height.	Weight.	Chest measurement.	
		At expiration.	Mobility.
Inches.	*Pounds.*	*Inches.*	*Inches.*
64	128	32	2
65	130	32	2
66	132	32½	2
67	134	33	2
68	141	33¼	2¼
69	148	33½	2½
70	155	34	2½
71	162	34¼	2½
72	169	34¾	3
73	176	35¼	3

149. It is not necessary that the applicant should conform exactly to the figures indicated in the foregoing table. The following variations below the standard given in the table are permissible when the applicant for enlistment is *active, has firm muscles, and is evidently vigorous and healthy:*

Height.	Chest at expiration.	Weight.
Inches.	*Inches.*	*Pounds.*
64 and under 68	2	8
68 and under 69	2	12
69 and under 70	2	15
70 and upward	2	20

PERSONAL IDENTIFICATION OF ENLISTED MEN.

(G. O. 68, W. D., 1906.)

150. The personal identification of all enlisted men of the Army is determined by recording, in each case, the finger prints of the soldier, and also filing a front view and a profile photograph, with a brief personal description.

151. The necessary apparatus and supplies for taking the finger prints and photographs will be issued by the Medical Department. The necessary blank forms, with full instructions for their use, will be issued by The Military Secretary's Office.

152. The senior medical officer of the post is charged, under the supervision of the commanding officer, with the duty of obtaining, recording, and furnishing the data required to complete the identification record in the case of every enlisted man at the post, and at subposts thereof.

153. The indentification record will be made in the case of every accepted recruit, at recruit depots and recruit depot posts, and at

all military stations having the necessary apparatus, and there will be invariably entered on the descriptive and assignment card of the recruit the remark, "Identification record made." In the case of any recruit enlisted at a station not having the necessary apparatus for making the identification record, that record will be made and forwarded as soon as he reaches any station having the necessary apparatus.

154. The finger print record of each enlisted man will consist of—

(*a*) A series of separate finger prints of all ten fingers, made in a regular and invariable sequence. This is the most essential part of the record and the basis of classification in the War Department.

(*b*) The simultaneous impressions of the four fingers of the right and of the left hands, to be used to check the correctness of the sequence of the separate finger prints heretofore mentioned.

(*c*) An impression of the right index finger upon the back of the completed record card, to serve as a seal, and a partial check against confounding the records of different men when several are being made together.

155. The photographic record of each enlisted man will consist of a front view and a profile photograph taken with a camera of approved standard, under conditions of light and distance identical for all.

156. A brief personal description completes the identification record.

157. The complete identification record, consisting of finger prints, photographs, and description, will be promptly forwarded without letter of transmittal to The Military Secretary of the Army. The photographic negative inclosed in a separate envelope, bearing the name and rank of the soldier, and the designation of the organization to which he belongs, will be forwarded with the identification record in every case.

158. Exact compliance with the instructions issued for taking finger prints and photographs, and for using the blank forms, is enjoined upon all medical officers and enlisted men of the Hospital Corps, who may be called upon to prepare identification records of enlisted men.

REENLISTMENTS.

159. Enlisted men of good character and faithful service who, at the expiration of their terms, are undergoing treatment for injuries incurred or disease contracted in the line of duty, may be reenlisted if they so elect, and if the disability prove to be permanent they will subsequently be discharged on certificates of disability. An enlisted man not under treatment, but who has contracted in the line of duty infirmities that may raise a question of physical

eligibility to reenlistment, but not such as to prevent his performing the duties of a soldier, may be reenlisted by authority of the War Department on application made through the surgeon and proper military channel in time to receive a decision before the date of discharge. A. R. 872, 1904.

160. When authorized by the War Department under A. R. 870, clause 4, recruiting officers may reenlist discharged soldiers who present themselves within the prescribed limit of time, notwithstanding they may have some physical disqualification which would cause their rejection as recruits, provided they have no serious defect which would probably prevent the discharge of their duties as soldiers. In all such cases the defects and the fact that they existed prior to reenlistment will be noted on the soldier's reenlistment papers and examination form.

(*a*) In modifying the requirements for reenlistment it is the intention of the War Department to provide for the continuance in service of such faithful soldiers as have incurred disabilities during prior enlistments which probably will not unfit them for duty in the future; as, for example, hernia, for which the soldier agrees to submit to operation; piles; varicose veins; certain defects of vision, as near or far sight; the loss of certain fingers or toes; mutilations by gunshot or other wounds, etc.

MONTHLY REPORT OF EXAMINATION OF RECRUITS.

161. Monthly reports of examination of recruits, required by paragraph 135, to be sent to The Military Secretary of the Army, are not called for in the case of volunteers, nor are the entries of examinations of volunteers to be included in the monthly report of regulars.

(*a*) A separate report is to be rendered for each place at which examination is made. No letter of transmittal is required.

(*b*) Each report will give a complete record of every applicant for enlistment or reenlistment physically examined during the month. It should not include the cases of applicants rejected before being stripped, nor the secondary examinations made after recruits are sworn in.

(*c*) If no applicant is examined during the month, a letter or information slip stating that fact will be forwarded in lieu of the report. This applies to regular posts and recruiting stations only.

(*d*) When there is a medical officer at the station the report will be rendered by him; otherwise by the recruiting officer.

(*e*) The entries will be made in chronological order, and be numbered consecutively, beginning with No. 1 each month.

(*f*) For enlistment or reenlistment use letters "E." or "Re.," noting in each case whether first, second, third, etc.

(*g*) Under occupation state nature of employment before enlistment; whether laborer, mechanic, manufacturing artisan, clerk, student, professional occupation, etc.

(*h*) Height and chest measurement will be given in inches and fractions thereof. In the column "Race" write "W." for white and "C." for colored; for Indians write "I.", "P. R." for Porto Rican and "F." for Filipino, and state in "Remarks" the service for which enlisted. In the column "Maried or single" write "M." for married and "S." for single.

(*i*) Final action will be recorded in the column "Accepted, rejected, or declined," by the term "accepted" (abbreviated entry "A.") for applicants who take the oath of enlistment; and "rejected" (abbreviated "R."), "declined" (abbreviated "D."), etc., as may be required, in other cases. When an application is rejected, before taking the oath, whether by the recruiting officer or the examining surgeon, the cause of rejection will be stated in "Remarks."

(*j*) The report will be held at the station until final action can be recorded for all recruits on probation at the end of the month, six days (the maximum period of probation) if necessary. When final action in any case is deferred for a longer period the report will be forwarded on the sixth day, noting under "Remarks" that the case is in abeyance; and The Military Secretary of the Army should be apprised by letter or information slip of the final action when reached.

(*k*) One line should, as a rule, suffice for each case, and but one case should be entered on a line. Additional sheets will be used as necessary (each to be headed) and fastened together at the top. The report will be briefed upon the last sheet and its correctness attested by the signature of the officer who renders it.

FLAG OF THE GENEVA CONVENTION.

162. The flag of the Geneva Convention, to be used in connection with the national flag in time of war with a signatory of the convention, will be as follows:

For general hospitals, white bunting, 9 by 5 feet, with a red cross of bunting 4 feet high and 4 feet wide in the center; arms of cross to be 16 inches wide.

For field hospitals, white bunting, 6 by 4 feet, with a red cross of bunting 3 feet high and 3 feet wide in the center; arms of cross to be 12 inches wide.

For ambulances, and guidons to mark the way to field hospitals, white bunting, 28 by 16 inches, with a red cross of bunting 12 inches high and 12 inches wide in the center; arms of cross to be 4 inches wide. A. R. 221, 1904.

GENERAL HOSPITALS.

163. General hospitals will be under the exclusive control of the Surgeon General and will be governed by such regulations as the Secretary of War may prescribe. The senior surgeon will command the same and will not be subject to the orders of local commanders other than those of territorial divisions and departments to whom specific delegation of authority may have been made. A. R. 1467, 1904.

ARMY AND NAVY GENERAL HOSPITAL.

164. The Army and Navy General Hospital, Hot Springs, Ark., is under the direction of the Secretary of War, and is devoted to the treatment of the officers and enlisted men of the military and naval service of the United States, the officers of the Revenue-Cutter Service and of the Marine-Hospital Service, and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States, for such diseases as the waters of the Hot Springs of Arkansas have an established reputation in benefiting, except that cases of venereal disease will not be admitted. A. R. 1469, 1904.

165. Admission to this hospital is restricted to those of the above-named classes who require medical treatment, in the following order of preference: (1) Officers and enlisted men of the Army, the Navy, and the Marine Corps on the active lists, and cadets at the Military and Naval Academies; (2) Officers and enlisted men of the Army, the Navy, and the Marine Corps on the retired lists; (3) Officers of the Revenue-Cutter Service and of the Marine-Hospital Service; (4) Honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States may also be admitted by authority of the Surgeon General when there are vacant beds in the hospital. A. R. 1470, 1904.

166. Enlisted men on the active list, while under treatment or on duty in the hospital, shall have the usual allowance of rations commuted at the rate of not to exceed 40 cents a day for enlisted men of the Army and 30 cents a day for enlisted men of the Navy, to be paid to the senior medical officer by the proper officers of the War and Navy Departments upon the receipt of monthly statements of amounts due, certified by the Surgeon General of the Army. A. R. 1471, 1904.

167. Enlisted men of the Army, the Navy, and the Marine Corps on the retired list and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States will pay for subsistence at the rate of 40 cents per day. A. R. 1472, 1904.

168. Upon the recommendation of a medical officer, accompanied by a certificate stating the disability for which treatment at the hospital is recommended and the opinion of the medical officer that such treatment will conduce to the more rapid recovery of the patient, forwarded through military channels to The Military Secretary of the Army, an officer of the Army on the active list may, in the discretion of the War Department, be ordered to the Army and Navy General Hospital at Hot Springs, Ark., or the General Hospital at Fort Bayard, N. Mex., for treatment.

In exceptional cases the recommendation may be made by telegraph through military channels.

Retired officers of the Army may make direct application, accompanied by a medical certificate, to The Military Secretary of the Army for permission to enter the hospital.

In the case of an enlisted man, the commanding officer of a military post or station, after having ascertained by telegraph from the commanding officer of the hospital that beds are available, is authorized, upon the receipt of a certificate from the senior medical officer of the post or station setting forth that the soldier is a proper subject for special treatment at Hot Springs, Ark., to order him there without further reference to the department commander or the War Department. The surgeon making the certificate will be held strictly responsible for the proper selection of each case.

Similar action will be taken in the case of enlisted patients selected for treatment at Fort Bayard, N. Mex., except that the preliminary telegraphic inquiry will not be made, but the soldier, or in case he is provided with an attendant, the attendant, will be furnished by the commanding officer with an official telegram blank, with instructions to telegraph from Deming, N. Mex., to the commanding officer of the hospital, reporting the train upon which he may be expected.

In cases of tuberculosis the surgeon will be held responsible not only for the proper diagnosis but also that recommendation is made for transfer to the hospital as early as possible. A. R. 1474, 1904.

169. The organization of the hospital shall consist of one medical officer of the Army, who will command it, and such other medical officers of the Army and Navy as may be necessary, to be detailed by the Secretary of War or the Secretary of the Navy, respectively; one officer of the Quartermaster's Department or of the line of the Army as an acting assistant quartermaster, who will also be an acting commissary of subsistence, if required, detailed by the Secretary of War; such noncommissioned officers and men of the Hospital Corps as may be necessary for the proper service of the hospital.

(*a*) The civil employees not in the classified service will be appointed by the commanding officer, having in view their fitness for

the service required. They will be governed by such rules as may be promulgated for the service of the hospital, and they may be discharged by the appointing officer for unfitness, or when their service becomes unnecessary.

170. Officers under treatment when subsisted in the hospital will be subject to a charge for subsistence not to exceed $1.50 per day, to be paid on the last day of each month, or upon leaving the hospital.

(*a*) Military or naval cadets will in like manner pay a subsistence charge at the rate of $1 per day. Such cadets while patients may have the privilege of the officers' mess at the discretion of the commanding officer.

(*b*) Should an officer or cadet from any cause (as in the case of death) fail to pay an account for subsistence when due, the fact will be immediately reported by the commanding officer to the Surgeon General of the Army, who will certify the fact to the Paymaster General of the Army, to the Surgeon General of the Navy, or to the Secretary of the Treasury, as the case may be, and the proper officers of the War, Navy, or Treasury Departments will take such steps as will promptly secure to the hospital payments of the amounts due.

171. Subsistence stores for use in the officers' and enlisted men's messes may be purchased by the commanding officer of the hospital from such officers of the Subsistence Department as the Commissary General may designate.

172. The commanding officer will account monthly to the Surgeon General of the Army for all money received or expended on account of officers and enlisted men.

173. The Surgeon General of the Army will certify monthly to the Surgeon General of the Navy all balances due on account of subsistence furnished to enlisted men of the Navy or Marine Corps on the active lists, said men in each case being such as have been ordered to the hospital for duty or treatment.

174. The limit of an officer's permit to enter the hospital is fixed at fourteen days.

175. An officer's continuance in the hospital will be determined by the commanding officer, who will from time to time report to The Military Secretary as to the officer's physical condition, and will express his opinion as to the length of time required for treatment. If this is approved, the sick leave, if the officer has such, will be extended accordingly. Ordinarily, officers on the active list will not remain longer than four months at the hospital, and a special report will be made in the case of an officer who shall be under treatment there six months.

(*a*) Retired officers may leave the hospital at their discretion, but they will not remain in the hospital longer than three months with-

out special permission, based on the recommendation of the commanding officer.

176. The accommodations for enlisted men of the Army are allotted among the several military departments. The commanding officer of the hospital will notify department commanders from time to time of the number of vacant beds at their disposal.

(*a*) When in his opinion it is proper, the commanding officer of the hospital will issue the necessary orders for the soldier to rejoin his company or station. Should he be a fit subject for discharge for disability, or should a change of climate be thought necessary, the commanding officer of the hospital will notify The Military Secretary and make such recommendations as he may deem proper, when suitable orders will be issued in the case.

177. In selecting cases for this hospital, medical officers will exercise discretion, and will only recommend such as are serious or obstinate and do not promise good results if treated at the post. It is not required to certify that treatment at Hot Springs is necessary to restore health, but to establish a reasonable probability that the facilities there will materially aid in the rapidity and permanence of the recovery. Besides the transfer card an outline of the history and treatment of the case must accompany each patient.

178. The transfer of venereal cases to the Army and Navy General Hospital, Hot Springs, Ark., is prohibited (see par. 164). In order that patients suffering from venereal diseases may not be permitted to enter this hospital, medical officers will exercise great care in their examination of each case before they recommend it for admission.

GENERAL HOSPITAL AT FORT BAYARD.

(See par. 168.)

179. The general hospital at Fort Bayard, N. Mex., is under the direction of the Secretary of War and is set apart as a sanitarium for the treatment of officers and enlisted men of the Army suffering from pulmonary tuberculosis. A. R. 1473, 1904. For method of admission, see paragraph 168.

180. The Surgeon General is authorized to provide for the care and treatment of discharged soldiers entitled to the benefits of the United States Soldiers' Home, Washington, D. C., who may be sent to the sanitarium by the board of commissioners of the Home, the expense for the maintenance of such discharged soldiers to be paid from the Soldiers' Home funds.

HOSPITAL BUILDINGS.

181. A building will not be erected for or occupied as a hospital until the opinion of a medical officer has been obtained in writing upon the suitableness of site and proposed arrangement. If the

commanding officer dissent from this opinion, he will return it to the surgeon of the post with his reasons indorsed thereon, who will forward it, through military channels, to the Surgeon General of the Army. A. R. 1491, 1904.

182. Hospitals will be erected at permanent posts in accordance with plans and specifications furnished by the Surgeon General, approved by the Secretary of War. A. R. 1492, 1904.

183. When alterations of or additions to hospitals are necessary, the surgeon of the post, after obtaining from the quartermaster an estimate of cost, will transmit plans and specifications, with proposed modifications, through military channels, to the Secretary of War. Similar action will be taken upon quarters for sergeants first class. A. R. 1493, 1904.

184. When hospitals or quarters of sergeants first class are erected or repaired, the officer conducting the work will consult the surgeon of the post, who will inspect the work during its progress, and when a building is ready for occupancy the surgeon will report as to its merits to the Surgeon General, through the regular channel, and furnish a copy of the report to the constructing officer. A. R. 1494, 1904.

185. The surgeon, after obtaining from the quartermaster necessary data as to the amount of labor, quantity of material, and cost, will forward on March 1 of each year, through military channels, to the Secretary of War, an estimate of repairs, alterations, or additions needed on hospitals and quarters of sergeants first class during the next fiscal year, with plans of the same, stating the condition of the buildings and necessity for repairs. The surgeon of the post will prepare and sign estimates for hospital construction and repairs, one copy of which is required by the Surgeon General. The number required at department headquarters is fixed by the department commander. When work is completed the medical officer will report to the Surgeon General whether it was performed according to the estimate, and the material and balance of allotment remaining. Approved plans or estimates for construction or repair will be altered only by authority of the Secretary of War. A. R. 1495, 1904.

186. The Surgeon General will furnish to the Quartermaster General, in sufficient time for his annual estimates, a statement showing the hospital repairs which will be needed during the ensuing year, with estimated cost of the same. A. R. 1496, 1904.

187. No portion of any hospital building at a military post will be used or occupied as quarters, nor will any mess be permitted or maintained therein except such as may be necessary for patients and enlisted men there on duty. A. R. 1497, 1904.

188. New floors in hospitals will not be painted. They may be finished in oil and paraffin, or oil, wax, turpentine, etc., to which coloring matter may be added if deemed necessary. Floors of verandas and porches should be protected by paint.

189. When an allotment of funds for the repair of a hospital or quarters of a sergeant first class has been made, the officer in charge will be notified of the action by letter from the Surgeon General, the receipt of which will be acknowledged by return mail. Estimates and other papers referring to a hospital must be prepared separately from those for quarters of a sergeant first class. On the last day of each month, until the work is completed and so reported, the surgeon in charge will advise the Surgeon General, by information slip, of the progress effected, or, if none, the cause of the delay so far as he can ascertain it.

190. In every post hospital a room should be set aside as an operating room. Special attention should be given at all times to the cleanliness of this room, including its walls, floors, and the necessary furniture. A stout table of suitable size and plain finish, that can be scrubbed, should be in readiness. In this room should be placed all the instruments and dressings, antiseptics, anæsthetics, and other appliances that may be needed in an emergency. While always accessible they should be guarded from handling by irresponsible persons.

191. The chemical and bacteriological sets furnished should be conveniently arranged in a suitable room set apart for their use.

HOSPITAL CORPS.

(See A. R. 9, 1904—Military rank of noncommissioned officers; A. R. 1134, 1142, 1904—Travel of sergeants first class; A. R. 966, 1904—Sergeants first class not to be reduced; A. R. 112, 1904—Transfer from the line, etc.; A. R. 1153, 1904—Allowances of clothing to enlisted men.)

192. The Hospital Corps consists of sergeants first class, sergeants, corporals, lance corporals, privates first class, and privates.

193. The members of the Hospital Corps will be enlisted for and permanently attached to the Medical Department. In time of war the Corps will perform the necessary ambulance service under such officers of the Medical Department and assistants as may be detailed for that duty. A. R. 1431, 1904.

194. Sergeants first class will be appointed by the Secretary of War on the recommendation of the Surgeon General, provided they have served a year as sergeant, or as a hospital steward of volunteers or acted in that capacity during or since the Spanish-American war for more than six months. Sergeants will be appointed by the Secretary of War on the recommendation of the Surgeon General; corporals, lance corporals, and privates first class will be appointed by the Surgeon General or the chief surgeon of a division or department. Before appointment, sergeants first class must pass a satis-

factory examination under the direction of the Surgeon General; and sergeants a satisfactory examination under the direction of the Surgeon General or the chief surgeon of a division or department. These examinations will be conducted by a board composed of three commissioned medical officers of the station at which the applicant may be serving, or of such a number of medical officers less than three as may be present, and if no medical officer is there on duty, the candidate will be sent for examination to the nearest station provided with such an officer. The report of the board will be forwarded direct to the Surgeon General or the chief surgeon. Sergeants first class and sergeants are furnished with warrants signed by the Secretary of War; corporals with warrants signed by the Surgeon General or by a division or department chief surgeon. Promotions to the grade of corporal, lance corporal, and private first class, may be recommended to the Surgeon General or the chief surgeon by the medical officer commanding the detachment. The allowance of enlisted men of the Hospital Corps of each grade as fixed by regulations and orders will not be exceeded except by special authority of the Secretary of War. The proportion of privates first class to privates will not exceed two to one. See par. 1432, A. R. 1904.

195. A sergeant first class may be reenlisted at the expiration of his term of service on the authority of the Surgeon General, provided he has passed successfully the prescribed examination. If he desires to reenlist he will report the fact, in writing, through military channels, to the Surgeon General sixty days before the expiration of his term of service. A. R. 1433, 1904.

196. A sergeant first class stationed at a place where no post return is made, will make such personal reports as the Surgeon General may direct. A. R. 1434, 1904.

197. Sergeants first class, though liable to discharge, will not be reduced. Sergeants, corporals, lance corporals, and privates first class may be reduced by sentence of a court martial, by the Surgeon General, or by the chief surgeon of a division or department. A. R. 1435, 1904.

198. To test the capacity of privates of the Hospital Corps for the duties of noncommissioned officers, the Surgeon General and chief surgeons may appoint lance corporals, who will be obeyed and respected as corporals; but no detachment shall have more lance corporals at a time than enough to make the proportion of all noncommissioned officers present for duty one to four privates of the Hospital Corps. Lance corporals are on the same footing regarding reduction as corporals. A. R. 1436, 1904.

199. The commander of an army corps, or of a division or brigade acting independently, is charged with the full control of the transfer from the line, the enlistment, reenlistment, and dis-

188. New floors in hospitals will not be painted. They may be finished in oil and paraffin, or oil, wax, turpentine, etc., to which coloring matter may be added if deemed necessary. Floors of verandas and porches should be protected by paint.

189. When an allotment of funds for the repair of a hospital or quarters of a sergeant first class has been made, the officer in charge will be notified of the action by letter from the Surgeon General, the receipt of which will be acknowledged by return mail. Estimates and other papers referring to a hospital must be prepared separately from those for quarters of a sergeant first class. On the last day of each month, until the work is completed and so reported, the surgeon in charge will advise the Surgeon General, by information slip, of the progress effected, or, if none, the cause of the delay so far as he can ascertain it.

190. In every post hospital a room should be set aside as an operating room. Special attention should be given at all times to the cleanliness of this room, including its walls, floors, and the necessary furniture. A stout table of suitable size and plain finish, that can be scrubbed, should be in readiness. In this room should be placed all the instruments and dressings, antiseptics, anæsthetics, and other appliances that may be needed in an emergency. While always accessible they should be guarded from handling by irresponsible persons.

191. The chemical and bacteriological sets furnished should be conveniently arranged in a suitable room set apart for their use.

HOSPITAL CORPS.

(See A. R. 9, 1904—Military rank of noncommissioned officers; A. R. 1134, 1142, 1904—Travel of sergeants first class; A. R. 966, 1904—Sergeants first class not to be reduced; A. R. 112, 1904—Transfer from the line, etc.; A. R. 1153, 1904—Allowances of clothing to enlisted men.)

192. The Hospital Corps consists of sergeants first class, sergeants, corporals, lance corporals, privates first class, and privates.

193. The members of the Hospital Corps will be enlisted for and permanently attached to the Medical Department. In time of war the Corps will perform the necessary ambulance service under such officers of the Medical Department and assistants as may be detailed for that duty. A. R. 1431, 1904.

194. Sergeants first class will be appointed by the Secretary of War on the recommendation of the Surgeon General, provided they have served a year as sergeant, or as a hospital steward of volunteers or acted in that capacity during or since the Spanish-American war for more than six months. Sergeants will be appointed by the Secretary of War on the recommendation of the Surgeon General; corporals, lance corporals, and privates first class will be appointed by the Surgeon General or the chief surgeon of a division or department. Before appointment, sergeants first class must pass a satis-

factory examination under the direction of the Surgeon General; and sergeants a satisfactory examination under the direction of the Surgeon General or the chief surgeon of a division or department. These examinations will be conducted by a board composed of three commissioned medical officers of the station at which the applicant may be serving, or of such a number of medical officers less than three as may be present, and if no medical officer is there on duty, the candidate will be sent for examination to the nearest station provided with such an officer. The report of the board will be forwarded direct to the Surgeon General or the chief surgeon. Sergeants first class and sergeants are furnished with warrants signed by the Secretary of War; corporals with warrants signed by the Surgeon General or by a division or department chief surgeon. Promotions to the grade of corporal, lance corporal, and private first class, may be recommended to the Surgeon General or the chief surgeon by the medical officer commanding the detachment. The allowance of enlisted men of the Hospital Corps of each grade as fixed by regulations and orders will not be exceeded except by special authority of the Secretary of War. The proportion of privates first class to privates will not exceed two to one. See par. 1432, A. R. 1904.

195. A sergeant first class may be reenlisted at the expiration of his term of service on the authority of the Surgeon General, provided he has passed successfully the prescribed examination. If he desires to reenlist he will report the fact, in writing, through military channels, to the Surgeon General sixty days before the expiration of his term of service. A. R. 1433, 1904.

196. A sergeant first class stationed at a place where no post return is made, will make such personal reports as the Surgeon General may direct. A. R. 1434, 1904.

197. Sergeants first class, though liable to discharge, will not be reduced. Sergeants, corporals, lance corporals, and privates first class may be reduced by sentence of a court martial, by the Surgeon General, or by the chief surgeon of a division or department. A. R. 1435, 1904.

198. To test the capacity of privates of the Hospital Corps for the duties of noncommissioned officers, the Surgeon General and chief surgeons may appoint lance corporals, who will be obeyed and respected as corporals; but no detachment shall have more lance corporals at a time than enough to make the proportion of all noncommissioned officers present for duty one to four privates of the Hospital Corps. Lance corporals are on the same footing regarding reduction as corporals. A. R. 1436, 1904.

199. The commander of an army corps, or of a division or brigade acting independently, is charged with the full control of the transfer from the line, the enlistment, reenlistment, and dis-

charge of members of the Hospital Corps of his command. A. R. 1437, 1904.

200. Enlistments for the Hospital Corps will be made in the grade of private. Sergeants first class, sergeants, corporals, lance corporals, and privates first class may be reenlisted in their respective grades and their warrants and appointments continued in force, provided their reenlistment takes place on the day following discharge. Each reenlistment and continuance may be noted on the warrant or appointment by the surgeon. Enlistments and reenlistments will as a rule be made by medical officers. Recruiting officers stationed where there is no medical examiner may make such enlistments or reenlistments upon the authority of the Surgeon General. In such cases the recruiting officer in making the physical examination will be guided by instructions from the Surgeon General. Applicants may be accepted who are subject to refractive errors of vision, provided these errors are not excessive (10/20), may be entirely corrected by glasses, and are not progressive or accompanied by ocular disease. Accepted recruits will be forwarded to a station to be designated by the Surgeon General. A. R. 1438, 1904.

201. The enlistment paper for each recruit of the Hospital Corps will be forwarded with the form for physical examination direct to the Surgeon General who will render to The Military Secretary of the Army a monthly recruiting return accompanied by the enlistment papers pertaining to it. A. R. 1439, 1904.

202. Enlisted men of the line, gunners Artillery Corps and musicians excepted, may be transferred to the Hospital Corps as privates by the commander of a division, separate brigade, or department, on the application of the surgeon of the post or command forwarded through military channels. The application will state the age, character, physical condition, and habits of the soldier, date of expiration of current enlistment, and whether made for an existing or prospective vacancy. If the soldier be over 40 years of age, his special qualifications for transfer will be stated. A. R. 1440, 1904.

203. Married men will not be enlisted as privates in or transferred to the corps, and no sergeant who is married shall be reenlisted without special authority. A. R. 1441, 1904.

204. Members of the corps will not be required to perform any military duties other than those pertaining to their corps. They will be instructed in such drills, both foot and mounted, as are necessary for their efficiency. They will not be required to attend ceremonies, except when directed by the commanding officer, and will ordinarily be inspected and mustered at the hospital. The forms of inspection will be in accordance with the prescribed drill regulations for the Hospital Corps. A. R. 1442, 1904.

205. To meet the requirements of epidemics or other emergencies and to fill vacancies, members of the Hospital Corps may be transferred by the department commander, the quota of each post, as prescribed by paragraphs 1445 and 1446, not being permanently exceeded. Such transfers will be reported to the Surgeon General. A. R. 1443, 1904.

206. Accounts of pay and clothing of members of the Hospital Corps will be kept by the surgeon under whose immediate direction they are serving. All members casually at a post or other station or on a transport are under the immediate orders of the surgeon, except prisoners, who will, however, be borne on the muster rolls, morning report, and returns of the Hospital Corps Detachment. If discharged, their final statements will be prepared by the surgeon. G. O. 11, W. D., 1906.

207. At every permanent military post there will be at least one noncommissioned officer of the Hospital Corps, and an additional noncommissioned officer for every additional four privates of the Hospital Corps. A. R. 1445, 1904.

208. At every permanent military post there will be at least four privates of the Hospital Corps, six privates when the strength of the garrison is 200, and two privates additional for every additional 100 of strength. They will be assigned to the respective duties connected with the hospital service by the surgeon of the post. A. R. 1446, 1904.

209. The number of noncommissioned officers and privates of the Hospital Corps to be stationed at general hospitals, arsenals, engineer stations, and independent posts will be determined by the Surgeon General under the direction of the Secretary of War. A. R. 1447, 1904.

210. Applications for the position of sergeant first class and sergeant, Hospital Corps, must be accompanied by an affidavit that the applicant is not married, and be forwarded through military channels.

211. The examination for the position of sergeants and sergeants first class, Hospital Corps, will be both oral and written. The board will investigate and report upon the following: (1) Physical condition; (2) Character and habits, especially as to the use of stimulants and narcotics; (3) Discipline and control of men; (4) Knowledge of regulations; (5) Nursing; (6) Dispensary work; (7) Clerical work; (8) Principles of cooking and mess management; (9) Hospital Corps drill; (10) Minor surgery and first aid, including extraction of teeth. Candidates for the position of sergeants will be required to prepare a full set of papers pertaining to the Medical Department, and to drill a detachment of the Hospital

Corps sufficiently to demonstrate their thorough knowledge of the drill regulations. The written examination will embrace the following subjects: (1) Arithmetic; (2) Materia medica; (3) Pharmacy; (4) Care of sick and ward management; (5) Minor surgery and first aid; (6) Elementary hygiene. Ten questions will be asked in each subject. Proficiency in penmanship and orthography will be estimated from the papers submitted.

(*a*) The questions for use in the written examination for sergeant first class will be sent from the office of the Surgeon General. Those in the examination for sergeant will be sent from the office of the Surgeon General or the chief surgeon. Chief surgeons will prepare the questions for the candidates in their respective departments, and will forward to the Surgeon General a copy of the questions for the written examination of sergeants and of the report of the board, together with their action noted thereon.

(*b*) In the examination for sergeant first class the replies certified to by the board as having been made without recourse to books, memoranda, or other sources of assistance will be forwarded with the report of the board direct to the Surgeon General, in whose office the papers will be marked. In the examination for sergeant the board will mark the papers before forwarding them to the chief surgeon or the Surgeon General, as the case may be, submit the same certificate, and report as to the eligibility of the candidate. The examination for both grades will embrace the same subjects, but that for sergeant will be less difficult.

212. Medical officers will not make enlistments or reenlistments for the Hospital Corps without obtaining special authority from the Surgeon General or chief surgeon. Chief surgeons are authorized to enlist for the Hospital Corps up to the regular allowance of their respective departments without reference to the Surgeon General. They may also authorize reenlistments of privates, privates first class, lance corporals, corporals, and sergeants serving within their departments.

(*a*) Contract surgeons can not make enlistments, as the oath should be administered by a commissioned officer.

(*b*) Note should be made on the enlistment paper of any special knowledge professed by applicants, as of cooking, gardening, or of a trade or other useful occupation. Those applicants who have graduated in pharmacy should submit proof thereof, by diploma or otherwise. Trained nurses or those who have served as such in civil hospitals should present certificates of their training or service.

213. The duties of noncommissioned officers of the Hospital Corps are to nurse or supervise the nursing of the sick; to compound and administer medicines; to look after and distribute hospital stores and supplies; to supervise the preparation and serving

of food; to care for hospital property; to maintain discipline in hospitals and watch over their general police; to prepare reports and returns; to supervise the duties and assist in the instruction of the members of the Hospital Corps in the hospital and in the field, and to perform such other duties as may, by proper authority, be required of them.

214. A reexamination before first reenlistment as sergeant first class may not be required if the surgeon of the post and chief surgeon state that the soldier has performed his duties efficiently, but will be held before second reenlistment. No subsequent reexamination will ordinarily be required.

215. In stating "character of the soldier, in detail," on the descriptive list of a member of the Hospital Corps transferred from one station to another, in addition to his general character as usually given, his habits as to sobriety and his attention to duty will be noted, adding, in case of a noncommissioned officer, general character, intelligence, ability to command men, ability as pharmacist, ability as a clerk, ability as drill sergeant, habits as to sobriety, soldierly bearing, loyalty to his superiors, and, in case of a private, his special qualifications as nurse, cook, clerk, typewriter, stenographer, etc. A copy of this report will be sent to the chief surgeon. In noting physical condition on descriptive list, any prominent defects will be mentioned.

216. In each case of transfer from a Hospital Corps company a special report of instruction will be made, on information slip, to the surgeon of the new station, to be forwarded to him through the chief surgeon, or direct to him when the assignment is to an independent station. The following order will be used, estimating each item on the basis of a maximum of 10: (1) Discipline; (2) nursing; (3) first aid; (4) drill; (5) cooking; (6) pharmacy; (7) clerical work; (8) field work; (9) care and management of animals.

217. The Hospital Corps will receive the same allowance of clothing as mounted men of similar grades.

(*a*) Bleached cotton-duck clothing issued by the Quartermaster's Department should be worn by men on duty in wards and dispensaries and by dental surgeon's assistants when on duty as such.

(*b*) To each enlisted man of the Hospital Corps who is entitled to wear service chevrons, two pairs of such chevrons will be issued per annum free of charge.

218. When it is necessary to employ members of the Hospital Corps on guard duty at posts at which no other troops are stationed the issue of firearms to them is authorized. Otherwise no arms will be issued to members of the Hospital Corps except as provided in A. R. 1466, 1904.

219. When a member of the Hospital Corps whose descriptive list has not been received is transferred elsewhere, or when request is made for the descriptive list of a former member of the Hospital Corps detachment and no descriptive list has ever been received in the case, the medical officer will forward a transcript of the soldier's record from descriptive list, military record, and statements of account sheet (Form 29, M. S. O.), stating the amount of clothing drawn, amount due for ordnance, stoppages by sentence of court-martial, and any other facts, including payments made to soldier, which should be known in order that the man's status may be thoroughly understood. If no clothing has been drawn, no ordnance charged for, no stoppage made by sentence of court-martial, the facts should be distinctly stated. If a transcript has been received instead of a descriptive list from the former commanding officer of the man, the facts contained in this should be embodied in the new transcript. In such cases the charges against the soldier should be entered separately for each period covered by transcripts. For purposes of identification and to facilitate further inquiry, the man's own statement as to enlistment and as to his service and the pay and clothing drawn for the time not covered by transcripts will be briefly recorded. Transcripts will be prepared in duplicate; one copy will be forwarded to the officer requesting descriptive list and one copy to the Surgeon General. In case inquiry is made by the Surgeon General for the descriptive list, one copy will be sufficient.

220. All members of the Hospital Corps will be equipped with one waist belt; one haversack (if dismounted); one set blanket roll straps (if dismounted); one first-aid packet (Medical Department); one canteen; one canteen strap (if mounted); two spurs (if mounted); two spur straps (if mounted); two canteen-haversack straps (if dismounted); one meat can; one cup; one knife; one fork; one spoon; one Hospital Corps knife; one Hospital Corps knife scabbard; one shelter-tent half (Quartermaster's Department); one shelter-tent pole (Quartermaster's Department; five shelter-tent pins (Quartermaster's Department), and the privates first class and privates also with Hospital Corps or orderly pouch (Medical Department).

(*a*) The field kit for special arms and special grades of noncommissioned officers, if mounted, will consist of clothing, ammunition, and rations as prescribed for cavalry; if dismounted, as prescribed for infantry, with the arms and equipments in each case as prescribed for the special arm or grade. When armed with the revolver only the ammunition prescribed will be 20 rounds revolver ball cartridges.

(*b*) Articles of personal equipment which a detached soldier carries with him will be noted on the soldier's descriptive list or descriptive and assignment card, and will be entered opposite the soldier's name on duplicate invoice blanks of the departments to which the property pertains, each invoice being signed by the officer accountable for the property mentioned thereon, or by the examining officer in his name. The soldier will sign in the body of the invoices acknowledgment that he has the property. One of these invoices signed by the soldier will be attached to the descriptive list or descriptive and assignment card. The invoices will, when practicable, indicate the destination of the soldier.

The accountable officer will drop from his return the articles thus turned over, which will be taken up by the officer to whom the soldier reports. The officer dropping the property will forward one of the signed invoices with the return on which he drops the property. The officer who takes up the property will receipt for the same on the duplicate invoice and receipt attached to the soldier's descriptive list or descriptive and assignment card, which he will forward with the return on which he takes up the property. See also A. R. 1564, 1904.

In changing station the shelter-tent half will not be taken by the soldier, unless he is ordered to join a command for service in the field.

INSTRUCTION OF COMPANIES.

OFFICIAL DESIGNATION, ORGANIZATION, AND ADMINISTRATION.

221. Companies of instruction are designated by letter, in accordance with date of their organization. The organization consists of medical officers, sergeants first class, sergeants, corporals, lance corporals, privates first class, and privates. The permanent company personnel will be fixed by the Surgeon General and will not exceed 3 medical officers, 15 noncommissioned officers, and 12 privates first class or privates. Additional medical officers may be temporarily attached for instruction or special duty. The enlisted men under instruction are noncommissioned officers, privates first class, and privates. The number of privates first class and privates under instruction depends upon the needs of the service; ordinarily the number for each company should not exceed 100. The following organization of a company of instruction and assignment of duties is given as a guide, the company commander being given latitude in the distribution of duties:

Officers:

1 captain, Medical Department.
2 first lieutenants, Medical Department.

Noncommissioned officers:
1 first sergeant.
1 quartermaster sergeant.
1 mess sergeant.
1 company clerk.
1 police and stable sergeant.
9 assistant instructors.

14 total.

Privates on special duty (permanent cadre):
2 cooks.
2 kitchen police.
1 ambulance driver.
1 clerk.
2 musicians.
1 artificer.

9 total.

DUTIES OF OFFICERS.

222. *Company commander.*—General supervision. Company fund and mess. Instructor in first aid and field work.

Senior first lieutenant.—Instructor in first aid and of the noncommissioned officers' class. Clothing and personal equipment of company and records and returns relating thereto.

Junior first lieutenant.—Instructor in anatomy and physiology, care of animals, and drill. Condition and completeness of company property, including field equipment.

DUTIES OF NONCOMMISSIONED OFFICERS.

223. *First sergeant.*—In general charge.

Quartermaster sergeant.—In charge of field and Hospital Corps personal equipment, including medical, quartermaster, and ordnance property. Assistant instructor in property accountability.

Mess sergeant.—In charge of the ration and mess, kitchen and mess hall. Assistant instructor in mess management.

Company clerk.—In charge of company office, records, and papers. Assistant instructor in clerical work.

Police and stable sergeant.—In charge of stables, public animals, and transportation. Assistant instructor in the care of animals.

One assistant instructor.—In charge of class books, instruction rosters, and other instruction records. In charge of indoor instruction and of section rooms. Assistant instructor in first aid.

One assistant instructor.—In charge of outside instruction, setting-up drill, bearer drill, and field work.

Seven assistant instructors.—Outside instruction, four; materia medica and pharmacy, one; anatomy and physiology, one; first aid and bandaging, one.

224. The discipline and interior economy of companies of instruction will, so far as practicable, conform to those of a company of infantry. Company regulations will define plainly and explicitly the restrictions and rules of conduct to which all men are required to conform. Routine military duties of all noncommissioned officers and men also will be explicitly defined.

225. The reports, records, and returns of a company are ordinarily as follows:

Daily—
- Morning report.
- Sick report.
- Delinquency report. (To company commander.)
- Report of noncommissioned officers in charge of quarters. (To company commander.)
- Daily bill of fare of mess. (To company commander.)

Weekly—
- Report of detachment of the Hospital Corps. (To the Surgeon General.)

Thrice monthly—
- Ration returns.

Monthly—
- Pay rolls.
- Examination of recruits.
- Return of the Hospital Corps.
- Report of deposits.
- Personal report of medical officers. (To the Surgeon General.)
- Grade averages. (To company commander.)
- Changes in special-duty details and classes. (To the company commander.)
- Schedule of calls.
- Requisition for fuel, forage, and straw. (To the quartermaster.)

Bimonthly—
- Muster rolls.

Quarterly—
- Requisition for crockery, etc. (To the quartermaster.)
- Statement of charges on muster and pay rolls.
- Estimate for clothing and equipage. (To the quartermaster.)

Semiannually—
- Ordnance returns.

Annually—
Returns of medical property.
Occasionally—
Clothing requisitions.
Change of status, Hospital Corps.
Record of summary courts-martial.
Charges and specifications.
Discharges and final statements.
Certificates of disability.
Descriptive lists.
Enlistment papers.
Efficiency reports.
Notification of transfer of property. (Issued and received.)
Record books—
Descriptive book.
Clothing book.
Letters sent.
Letters received.
Company-fund book.
Company order book.
Special-qualification book.
Class books and instruction records.
Record of delinquencies.
Duty roster.

COURSE OF INSTRUCTION.

226. The length of the course of instruction for recruits is four months, and, in addition to discipline, covers the following subjects: (1) Duties of a soldier; (2) bearer drill; (3) first aid and personal hygiene; (4) anatomy and physiology; (5) diet cooking; (6) nursing, including bandaging and the use of Medical Department appliances; (7) materia medica and pharmacy; (8) care of animals; (9) clerical work; (10) field work.

Selected men who have completed this course of instruction may be given two months additional instruction in one or more of the following subjects: Pharmacy, clerical work, and cooking. Instruction for noncommissioned officers, including candidates for that position, covers the following subjects: Elementary hygiene, minor surgery, army regulations, mess management.

227. The equipment of companies of instruction consists of the usual equipment of companies of the line—bunks, mattresses, pillows, bed linen, barrack bags, lockers, etc. Besides this, each company should have the complete equipment, excepting transportation, of a field hospital with its ambulance company section and a regimental hospital.

228. The usual routine consists of three hours indoor and two hours outdoor instruction daily, except Saturday and Sunday.

229. Records of class work are kept and the daily mark of each man is entered in the class book, the record being based upon a scale of ten. At the end of each week the standing of each man in the class is determined and at the end of the month all the weekly marks are consolidated with the marks attained in the monthly examinations, and the relative standing of all men in classes published.

(*a*) Men who have failed to obtain proficiency in one or more subjects may, in the discretion of the company commander, be required to go over the subjects again. Those who complete the course are given credit or certificates to that effect. Men who, from any cause, fail to attain proficiency in the company are so designated in reports to the Surgeon General.

(*b*) When men are transferred from companies to other stations their descriptive lists will show the extent of their instruction and in what subjects they are proficient (whether proficient in one or all the subjects which they have taken). Recruits are sent to companies for instruction.

PROGRAMME OF INSTRUCTION.

(*a*) FOR PRIVATES FIRST CLASS AND PRIVATES.

230. First month (daily, except Saturday and Sunday):

Anatomy and physiology.
Clerical work.
Bandaging.
Bearer drill.
Setting-up exercises and company drill.

Second month:

Clerical work.
First aid.
Care of animals.
Bearer drill.
Setting-up exercises and company drill.

Third month:

First aid.
Nursing.
Diet cooking.
Materia medica.
Bearer drill. Practical field work.
Setting-up exercises and company drill.

Fourth month:

Nursing.
Pharmacy.
Materia medica.
Field exercises.
Setting-up exercises and company drill.

231. Saturday:

Inspection. Duties of a soldier. Personal hygiene. Articles of war. Company regulations.

(*b*) FOR NONCOMMISSIONED OFFICERS AND CANDIDATES FOR THAT GRADE.

This course is given by a commissioned officer and at such hours as may be most convenient. The instruction in mess management is entirely practical, each man being detailed in succession in charge of kitchen and mess. The detailed programme of instruction which follows is intended as a general guide and not to be literally followed.

COURSE A.

DUTIES OF A SOLDIER.

232. This instruction is taken up at once when the recruit joins the company and is given by medical officers and noncommissioned officers continuously and in the course of the ordinary routine of duties—no special hours are assigned for the purpose.

BEARER DRILL.

233. This instruction is given two hours daily during the first two months and one hour daily during the last two months, and includes the subjects in the Drill Regulations for the Hospital Corps.

FIRST AID.

234. This course covers the following subjects:

I. *Wounds.*—Definition. Varieties. Characteristics of each variety. Characteristics of gunshot wounds. Poisoned and infected wounds. Healing of wounds. Causes of death from wounds. Indications to be met in treatment. Methods of exposing and examining wounds. Deimer's Rules. Burns and bruises. Freezing. Sprains.

Shock.—Causes. Symptoms. Diagnosis. Treatment. Treatment in the field.

II. *Asepsis or surgical cleanliness.*—Infection or sepsis. Disinfection and antiseptics. Suppuration.

Wounds of regions.—Symptoms peculiar to wounds of the various organs. The principles of treatment of wounds in each region. The application of the first-aid packet.

III. *Fractures.*—Definitions. Varieties. The symptoms or signs. How fractures unite. Compound fractures. G. S. fractures. Principles of first-aid treatment. Method of exposing fractures. Possible danger in handling. Reduction. Splinting. Use of garments for support. Treatment of special fractures. Practical work.

Dislocations.—Definitions. Characteristics of. Diagnosis. First-aid care and treatment.

IV. *Foreign bodies.*—Eye. Ear. Nose. Throat. Symptoms. Dangers. Treatment.

V. *Asphyxia.*—Smothering by gases. Smothering by hanging. By pressure on the chest and other obstructions to breathing. Drowning. Principles of treatment of asphyxia. Rescuing. To restore breathing. Artificial respiration and other means. Practical work.

VI. *Hemorrhage.*—The heart, arteries, and veins. Lines of the arteries. Outlines traced on the skin. Points for pressure. General symptoms. Control of hemorrhage. Natural means. Internal hemorrhage. Necessity for artificial assistance. First-aid methods. Stopping hemorrhage by patient himself. Practical work.

VII. *Emergencies in general.*—Symptoms. Diagnosis. What to look for. Indications and symptoms. General rules for emergencies. Unconsciousness. Most common causes: Injury, fainting, heat, alcohol. Principles of diagnosis in the different cases. Treatment of each.

Poisons.—General classes. Symptoms of each class. Treatment. Usual means at hand for first-aid treatment. Special poisons. Most common poisons.

VIII. *Personal hygiene.*—Diet and drink; regulation of and their variation in accordance with climate and season. Sleep. Exercise; its relation to health and diet; necessity for; effects of climate upon. Clothing; materials, advantages and disadvantages of those in use. Clothing in relation to climate. Bathing.

ANATOMY AND PHYSIOLOGY.

235. This course is given during the first month and covers twenty hours.

No attempt is made to teach the minutiæ of anatomy or the details of physiological action, but effort is made to give each man a sufficient groundwork to enable him to understand the subjects which come later in his course of instruction. All technical terms are eliminated as far as practicable. Particular stress is laid upon the circulatory system and the accurate location of all the most important blood vessels. The outlines of organs traced on the skin is also taught. Whenever practicable, instruction is illustrated by use of a skeleton, the manikin, and drawings. The men are taught to describe in plain terms the location of the various organs.

Course.

(1) *Anatomy of the skeleton.*—Composition of bone. Structure of bones. Blood supply of bones. Forms of bones. Structure of long bones. The periosteum. Functions of bones. Divisions of

skeleton. Number of bones in body. Names of important bones. The vertebral column. Structure of a vertebra. Regions of vertebral column. Atlas. Axis. Structure of cranium. The bones of the face. Functions of bones of cranium and face. The hyoid bone.

(2) *Anatomy of the skeleton.*—The thorax, formation and function. The sternum. The ribs. The upper extremities considered as a whole. The scapula. The clavicle. The humerus. The radius. The ulna. The carpal bones. The metacarpals. The phalanges. The innominate bones. The femur. The tibia. The fibula.

(3) *Anatomy of the skeleton.*—The patella. The tarsal bones. The metatarsal. The phalanges. Joints. Varieties of joints. Structure of joints. Kinds of joint movements. Cartilage. Ligaments. Synovial membranes.

(4) *The muscular system.*—Structure of muscles. Varieties of muscles. Functions of muscles. Voluntary muscles. Involuntary muscles. Mechanics of muscular action. Fascia. Tendons. Nomenclature and location of most important muscles.

(5) *Review.*

(6) *The nervous system.*—Functions of the nervous system. The cerebro-spinal system. The sympathetic system. The brain and its divisions. The coverings of the brain. The functions of the brain and its various parts. Motor nerves. Sensory nerves. Cranial nerves. Spinal nerves. Composition and function of the sympathetic system.

(7) *The circulation of the blood.*—Physical characteristics. Structure. Quantity of blood. Coagulation. Functions of the blood. Arterial and venous blood. Structure of the heart. The chambers of the heart. The pericardium.

(8) *The circulation of the blood.*—Structure and function of the arteries. Aorta. Innominate. Subclavian. Common carotids. Axillary arteries. Brachials. Radials. Ulnars. Thoracic aorta. Abdominal aorta. Iliacs. Femorals. Anterior and posterior tibials. Location and course of foregoing arteries. Structure and functions of veins. Structure and functions of capillaries.

(9) *The circulation of the blood.*—The mechanism of the heart. The mechanism of the circulation. Illustration by diagrams. The pulmonary circulation and its functions. The portal circulation and its functions. General functions of the circulation.

(10) *Review.*

(11) *The respiratory system.*—Mouth. Nose. Pharynx. Larynx. Trachea. Bronchi. Bronchial tubes. Air cells. Location of lungs. Composition and structure of the lungs. Pleuræ. Mechanism of respiration.

(12) *The respiratory system.*—The physiology of respiration. Purification of the blood. Amount of air necessary for life. Difference between inspired and expired air. Ventilation.

(13) *Alimentary system.*—Mouth. Teeth. Salivary glands. Saliva. Mastication. Pharynx. Œsophagus. Structure and functions of stomach. Location of the stomach. Small intestine, structure, subdivisions. Large intestine, structure, subdivisions. Anatomy and location of liver. Location of pancreas.

(14) *Alimentary system.*—Physiology of mastication. Functions of saliva. The gastric juice and how it acts. Characteristics and functions of bile. The pancreatic juice and its functions. The functions of the large intestine. Digestion of food generally considered.

(15) *Review.*

(16) *The organs of excretion.*—The kidneys, structure and function. The ureters. The structure and functions of the bladder. Location of the bladder. Structure of the skin. Functions of the skin, the hair. The spleen.

(17) *The organs of special sense.*—The eye, its structure and function. Lachrymal apparatus. Physiology of sight. The ear, its structure and functions. Physiology of hearing. The physiology of smell. Taste. Touch.

(18) *Review.*

(19) *General review.*

DIET COOKING.

236. The course in diet cooking is intended to give the private of the Hospital Corps instruction in the preparation of the various articles of diet furnished for the sick in military hospitals. Each man should prepare the various diets and also receive practical instruction in the care of kitchen utensils and of those contained in the field mess and food chests. Effort should be made to give the man understanding of the particular uses of the different diets and also how to make use of the components of the field and garrison rations as food for the sick. A liking for cooking and work in the kitchen is not to be expected of the majority of the men who enlist. Proficiency in this branch also requires a considerable degree of intelligence. The course should be given by a trained nurse and dietist.

Course—one month.

(1) *On foods.*—The five food principles. Use in care of sick. Hospital dietaries.

(2) *Milk diets.*—Sterilization and care of milk. Preparing milk in various forms—punch, junket, whey, koumiss.

(3) *Liquid diets.*—Meat juices—beef juice, beef tea, etc. Chicken broth. Mutton broth.

(4) *Liquid diets.*—Cereals. Gruels—barley, rice, arrowroot, oatmeal, toast-water, hard-bread gruel.

(5) *Fruit juices.*—Lemonade, limeade, orangeade.

(6) *Beverages.*—Tea, coffee, cocoa, chocolate.

(7) *Eggs.*—Eggnog, sherry and egg, egg lemonade, egg broth.

(8) *Practical review of milk and liquid diets.*

(9) *Gelatin.*—In combination with beef juice, wine, coffee, fruit juices as jellies.

(10) *Eggs.*—Poached, soft-cooked, omelet, custards, soft; baked.

(11) *Bread.*—Toast, milk; dry.

(12) *Puddings.*—Bread, rice, tapioca.

(13) *Fruits.*—Fresh and dried, stewed and baked.

(14) *Beef.*—Broiled, scraped on toast, beef sandwiches.

(15) *Serving of food.*—Preparing tray. Care of utensils, etc.

(16) *Review of milk, liquid, and semisolid diets prepared and served by class.*

(17) *Potatoes.*—Boiled, baked, mashed, creamed.

(18) *The field ration.*—General instruction in preparation of field ration.

(19) *Contents of field food chest.*

(20) *Review.*

NURSING.

237. This course covers two months of forty hours. The class work is made as practical as possible. All members of the class make beds; take temperatures, and make out charts; give baths, and prepare enemata, solutions, dressings, etc. Particular attention is given to the instruction in care of helpless and unconscious patients. The course should be given by a trained nurse.

Course—first month.

(1) The hospital ward. Its contents—furniture, utensils, supplies, etc. Care of ward.

(2) Bed-making.

(3) Admission of patient. Care of effects.

(4) Observation of symptoms.

(5) Clinical thermometer. Temperature-taking.

(6) Pulse and respiration.

(7) Charting and recording temperature, pulse, and respiration.

(8) Baths—bed, basin, foot. Cleansing bath.

(9) Preparation of simple enemata. Instruction in the use of the various instruments and care of the same.

(10) *Review.*

(11) Use of disinfectants in general ward work.

(12) Medicines and their administration.

(13) Treatment of inflammation (simple cases).
(14) Preparation of patients for operation.
(15) Preparation of surgical bed.
(16) Asepsis and antisepsis. Sterilization.
(17) Mode of preparing simple dressings, cotton and gauze, sponges, wipes.
(18) Simple dressings. Instruments. Surgeon's table.
(19) Disposition of soiled dressings; infected bedding; patient's effects. Necessity for disinfection in the care of above.
(20) *Review.*

Second month.

(1) Daily routine of ward work, medical and surgical.
(2) Bed-making for special cases—medical, surgical, fracture.
(3) Bedside notes for special cases.
(4) Treatment for special cases.
(5) Special diet and feeding.
(6) Bathing in special cases.
(7) Enemata and medication in special cases.
(8) Nursing in typhoid fever.
(9) Use of disinfectants in special cases.
(10) *Review.*
(11) Nursing a surgical patient following an operation.
(12) Treatment of inflammation in special cases.
(13) Nursing in contagious cases.
(14) Nursing in convalesence.
(15) Ward emergencies.
(16) Dissolution—care of body, autopsy.
(17) Wardmaster's table—its contents, records, charts, requisition slips.
(18) Field furniture and bedding. Setting up field furniture.
(19) Field furniture and bedding. Setting up field furniture.
(20) *General review.*

MATERIA MEDICA AND PHARMACY.

238. This course covers a period of two months of sixty hours.

Class rooms should be fitted up with charts and illustrations explaining the fundamental principles in practical pharmacy; while apparatus and specimens of crude as well as prepared drugs are used for purposes of illustration. During the first month twenty hours are devoted to materia medica, and during the second month twenty hours to materia medica and twenty to practical pharmacy.

The student is supplied with a brief outline on the subjects of materia medica and pharmacy, compiled in accordance with the

army medical supply table, which treats all preparations in a short, concise manner, not beyond the average man's comprehension. The drugs are taken up in alphabetical order, and as each drug is discussed, mention is made of the official name, the English name, synonym, source, character, tests, action, and dose. Specimens in crude and pure form are shown. In teaching practical pharmacy, the student is familiarized with the processes and apparatus in common use, and the manipulations behind the prescription counter.

(*a*) *Materia medica.*

FIRST MONTH—FIRST WEEK.

First hour.—Definition of pharmacy and materia medica with standard authorities. Composition of matter. Molecules and atoms. Gaseous, liquid, and solid elements. Composition of drugs. Acids—organic and inorganic; characteristics. The alkalies—characteristics.

(The following practical work is conducted during the hour: Generation of hydrogen, oxygen, chlorine, with tests; litmus reaction, effervescency; action of alkalies on a colorless flame.)

Second hour.—Alkaloids—amides, amines, composition and characteristics. Glucosides and neutral principles. Comparison between alkaloids and the latter, with special regard to termination. Fixed oils and fats, volatile oils, differentiation of.

(During the lecture crude organic drugs and their products are displayed; also different oils and fats, together with their origin.)

Third hour.—Different methods of administration of drugs—by the mouth, the stomach, the rectum, the veins and arteries, hypodermic, epidermic, endermic, methods. Inoculation. Dosage. Modification of action of medicine by age, body weight, temperature, idiosyncrasy, drug habit, condition of the stomach, cumulative action, form of the drug, disease, and race. (Different forms of medicines, both liquid and solid, as tinctures, waters, sirups, pills, powders, tablets, suppositories, etc., are shown.)

Fourth hour.—Metrology. Definition of weight. Troy weight. Origin of the grain. The different signs. Wine measure. The minim, etc. Relation between the drop and minim. Approximate measures. The metric system. Origin. Its importance in the Army. The meter, liter, and gram. Multiplication and division. Equivalents. (The blackboard is in use during the whole hour and all weights and measures are shown and explained.)

Fifth hour.—Dispensary police. Every member is shown how to clean and wash shelves and dispensing bottles, to clean mortars, graduates, etc., to cut and assort labels, paste and file prescriptions, ll dispensing bottles, wash vials, etc.

SECOND WEEK.

Sixth hour.—Important definitions are learned; as alteratives, anæsthetics, anthelmintics, antipyretics, astringents, emetics, diuretics, diaphoretics, hypnotics, etc.

Seventh hour.—The drugs on the medical supply table are taken up in alphabetical order, instead of by classes. This method keeps the student continually versed in the different classifications and no drug can be missed. As each drug is discussed, mention is made of the Latin official, the English name, the synonym, source, characteristics, tests, physiological action, constitutional signs, and dose. The dose is always in the metric system, discussed in grams, c. c., deci, centi, milligrams, etc. Specimens of each drug are shown, and in some cases allowed to be smelled and tasted.

From Acacia to Acidum hydrocyanicum.

(Different specimens of acacia are shown, boric acid is made, the action of ferric chloride, collodion, and alcohol on phenol is shown.)

Eighth hour.—From Acidum nitricum to Acidum tartaricum.

(The following are illustrated and made during the hour: The action of nitric acid on tissue and metals, of ferric chloride on salicylic acid and tannic acid; of water and sugar on sulphuric acid, etc.)

Ninth hour.—From Aconiti tinctura to Alumen.

(Different apparatus for ether anæsthesia are exhibited, and explained; local anæsthesia produced; tests and crystals of alum shown.)

Tenth hour.—Semimonthly review (written).

The following questions are suggested for review:

(1) What is chemical reaction? Litmus reaction?

(2) Name all the gaseous elements you remember.

(3) What do you know about acids and alkalies?

(4) How many different methods of administering medicine do you know?

(5) Transfer the following to the metric system: Grains $\frac{1}{2}$, $\frac{1}{8}$, $\frac{1}{3}$, 2, 7, 25; drachms, 2 ss; ounces 5; pounds $\frac{5}{2\,6}$.

(6) Define antispasmodic, mydriatic, astringent, narcotic.

(7) What do you know about arsenous and tannic acids? Aconite and ether? Phenol?

(8) Give synonym for aromatic sulphuric acid, compound spirits of ether.

(9) Give formula for aromatic sulphuric acid, compound spirits of ether.

(10) What are the constitutional signs produced by phenol and ether?

THIRD WEEK.

Eleventh hour.—Ammonia preparations.

(Demonstration of ammonia tests, preparation of ammonia water.)

Twelfth hour.—From Amylis nitris to Aspidii oleoresina.

(Tests for antipyrin, action of nitrate of silver on salts, tissue, and metals.)

Thirteenth hour.—From Atropinæ sulphas to Buchu fluidextractum.

(Comparative tests for bismuth salts.)

Fourteenth hour.—From Caffeina citrata to Ceratum resinæ.

(The stereoptic action of camphor is shown—cantharides and capsicum exhibited.)

Fifteenth hour.—Same as fifth hour.

FOURTH WEEK.

Sixteenth hour.—From Chloralum hydratum to Codeina.

(Apparatus for chloroform anæsthesia and its use explained. Differential tests between chloral and chloroform made. Specimens and illustrations of cinchona bark and cocoa plant shown.)

Seventeenth hour.—From Codeina to Creta preparata.

(Specimens of opium, colchicum, and gun cotton shown. Differential tests between phenol and creosote are shown.)

Eighteenth hour.—From Cupri sulphas to Eucalyptol.

(Illustrations of digitalis, ergota, and eucalyptus globulus.)

Nineteenth hour.—Iron preparations.

(Differential tests between ferric and ferrous compounds shown; also the action of ammonia water on ferric chloride, the use of the precipitate, and the action of iodine on iron demonstrated.)

Twentieth hour.—Monthly review (written).

SECOND MONTH—FIFTH WEEK.

Twenty-first hour.—From Gentiana to Hamamelis.

(Illustrations of gentian, glycyrrhiza, and hamamelis shown; also the explosive effects of glycerin on certain drugs.)

Twenty-second hour.—Mercury preparations.

(The following are shown and made: Metallic mercury; the action of nitric acid upon it. Differential tests between bichloride of mercury and calomel. Action of albumen on bichloride. Black and yellow wash.

Twenty-third hour.—From Hydrastis fluidextractum to Ichthyolum.

(Illustration of hyoscyamus is shown.)

Twenty-fourth hour.—From Iodoformum to Lithii carbonas.

(In this hour illustrations of ipecac are shown; also the action of starch on iodine.)

Twenty-fifth hour.—Same as the fifth hour.

(Dispensary police.)

SIXTH WEEK.

Twenty-sixth hour.—From Lycopodium to Myrrhæ tinctura.

(Tests for magnesium compounds and morphine are made. Specimens of crude myrrh are shown.)

Twenty-seventh hour.—Nux vomica.

(Strychnos nux vomica and alkaloids are shown.)

Twenty-eighth hour.—Fixed and volatile oils on the medical supply table.

Twenty-ninth hour.—Opium.

(Illustrations of the poppy plant and its alkaloids are shown.)

Thirtieth hour.—Semimonthly review.

SEVENTH WEEK.

Thirty-first hour.—From Pepsinum to Pilocarpinæ hydrochloras.

Thirty-second hour.—From Pilulæ aloini compositæ to Podophylli resinæ.

(Tests for lead salts are made during this hour.)

Thirty-third hour.—Potassium salts.

(Tests for potassium salts are made, with special regard to their explosive effects.)

Thirty-fourth hour.—From Pruni virginianæ fluidextractum to Quininæ sulphas.

(Wild cherry and cinchona bark are displayed. Tests for quinine are made; also differential tests between morphine, quinine, and salicylic acid.)

Thirty-fifth hour.—Same as fifth hour.

Thirty-sixth hour.—From Rhamni purshianæ fluidextractum to Sinapis nigra.

(In this hour illustrations and specimens of cascara sagrada, rhubarb, santoninum, squills, and mustard are shown.)

Thirty-seventh hour.—Sodium salts.

(Tests for sodium salts, differential tests between sodium and potassium are made.)

Thirty-eighth hour.—From Strophanthi tinctura to Sulphur lotum.

(Tests for strychnine are made.)

Thirty-ninth hour.—From Thymol to Zingiberis fluidextractum.

(Tests for zinc salts are made; ginger is shown.)

Fortieth hour.—General review.

(*b*) *Pharmacy.*

FOUR WEEKS—TWENTY HOURS.

In taking up the subject of pharmacy, it is aimed to make the students familiar with the different processes and apparatus used in the art, to qualify them to perform practical work behind the prescription counter by allowing them to personally make each

preparation as it is taken up. Special care is given to the pharmaceutical preparations on the medical supply table, and those in the U. S. P. which are liable to be compounded with drugs furnished by the Medical Department.

First hour.—Incompatibility; physical, chemical.

(Examples are given and shown for each important class of incompatibles.)

Second hour.—Pharmaceutical operations. Clarification, crystallization, dialysis.

(Liquids are clarified by different methods; crystals are thrown down from the supersaturated solutions; matter is dialyzed, etc.)

Third hour.—Distillation. Evaporation. Filtration.

(Water is distilled in retort and worm condenser, then tasted and compared with hydrant water; fluid extracts are evaporated; filters made and liquids filtered.)

Fourth hour.—Maceration. Percolation. Precipitation. Solutions.

(Drugs are macerated and percolated. Matter is precipitated by chemical action. Simple, chemical, saturated, and supersaturated solutions prepared.)

Fifth hour.—Weekly review (written).

The following questions are suggested for review:

(1) What is incompatibility? Name the different forms of incompatibility. Give examples of each.

(2) What happens when you mix alkaloids and alkalies? Glucocides and acids? Alkalies and acids?

(3) Name some substances which are liable to cause an explosion when mixed with glycerin, nitric acid, chlorate of potash.

(4) How would you clarify liquids containing tannic acid?

(5) Define crystallization, dialyzation.

(6) Describe the process of distillation.

(7) What is a percolator? A percolate? A menstrum? A macerate? A precipitate? Magma?

(8) What is filtration? Describe the process and name a few substances especially adapted for filtration.

(9) Give examples of simple, saturated, and chemical solutions.

(10) How would you recognize and test distilled water?

SECOND WEEK.

Sixth hour.—Pharmaceutical preparations. Aceta, aquæ, capsulæ, ceratæ.

(Chloroform, camphor, peppermint, and chlorine water is prepared. Capsules are filled and prepared.)

Seventh hour.—Collodia, decocta, elixiria, emplastra.

(Collodion is prepared from gun cotton. Decoction of cinchona is made. Simple elixir is compounded.)

Eighth hour.—Emulsa. Extracta. Fluidextracta.

(Emulsions of castor and cod liver oils are made. Extracts are made by evaporation of fluid extracts. Fluid extracts are demonstrated on the blackboard, showing the different methods of preparing them.)

Ninth hour.—Glycerita. Infusa. Linimenta.

(Glycerites of tannic and carbolic acids are made. Also infusions of senna; soap and chloroform liniments.)

Tenth hour.—Semimonthly review.

THIRD WEEK.

Eleventh hour.—Liquores, massæ, misturæ, mucilagines.

(Liquor calcis, ammonii acetatis, and potassii are prepared.)

Twelfth hour.—Oleata, oleoresinæ, pilulæ.

(The larger part of the hour is devoted to the preparation of masses and pills, like quinine, opium, and mercury pills.)

Thirteenth hour.—Pulveres. Resinæ. Spiritus.

(Powders are folded. Seidlitz powders made. Spiritus camphoræ, chloroformi, etc., made.)

Fourteenth hour.—Suppositoria.

(All forms of suppositories are formed and molded and quinine and opium suppositories made.)

Fifteenth hour.—Practical review.

FOURTH WEEK.

Sixteenth hour.—Syrupi. Tabellæ.

(Syrupus simplex, pruni virginianæ, and ipecacuanhæ are prepared. Compressed tablet triturates made.)

Seventeenth hour.—Tincturæ.

(Tinctures of iodine, cinchona, etc., are prepared. Some are made by dilution of fluid extracts, others by solution and percolation.)

Eighteenth hour.—Unguenta.

(Ichthyol, zinc oxide, sulphur, and phenol ointments are made.)

Nineteenth hour.—The prescription.

(The different parts of a prescription are explained from examples on the blackboard. Abbreviations and signs explained.)

Twentieth hour.—General review.

CARE OF ANIMALS.

239. This course is entirely practical and extends over a period of ten hours.

The men are first instructed in the nomenclature of the horse and of the mounted equipment, and are then shown how to put on the properly folded blanket and watering bridle. A considerable portion of the ten hours is then devoted to the position of the trooper

mounted, with and without saddle, and the various aids to horsemanship are carefully explained. A portion of each hour is given to the mounted exercises, which serves to allay the fear many recruits show for the horse. Instruction is given in the use of the pack saddle. Every man is given practice in hitching up an ambulance team and in driving the ambulance. The proper packing of a saddle for field service is taught and the use of the various parts of the field equipment is shown.

Under direction of the stable sergeant, each recruit has practical instruction in grooming, feeding, watering, and stable management, together with the actual care and cleaning of harness and horse equipment.

(1) Nomenclature of equipments; their uses; taking apart and putting together; care and cleaning. Care of horse equipment in the field.

(2) Anatomy of the horse.

(3) Grooming, handling, feeding, watering, care after exercise.

(4) The halter and watering bridle. Blanket and surcingle.

(5) To mount and dismount without saddle. Position of trooper mounted.

(6) Aids to horsemanship. The gaits of the horse. To walk, trot, and gallop without saddle.

(7) The curb bridle. The saddle and saddle blanket. To mount and dismount with saddle. The spur.

(8) To roll bed blanket, overcoat, and shelter half. To pack saddle.

(9) The ambulance. The army wagon and escort wagon. Wagon and ambulance harness. To harness horses and to hitch to wagon or ambulance. The picket line.

(10) The pack saddle. To load and unload cargoes.

CLERICAL WORK.

240. The nature, objects, and methods of preparation of the following reports and records are explained to the class and copies are prepared and criticised. Each member of the class is required to prepare the reports printed in italic. The list is believed to include all reports and records ordinarily required to be kept or prepared in military hospitals.

Daily.

(1) *Morning sick report*, numerical—to commanding officer.

(2) *Morning report of detachment of Hospital Corps*—to commanding officer.

(3) *Detachment sick report.*

(4) *Current work:*

Letters sent and received.
Change of status, Hospital Corps, information slip—one copy to chief surgeon.
Enlistment papers.
Physical examination of recruits.
Personal identification records.
Descriptive and assignment cards.
Descriptive lists, military record and statement of accounts of enlisted men. (Form 29, M. S. O.)
Deposit books.
Notification to paymaster of deposits.
Report to Paymaster General of transfer of men having deposits.
Allotments of pay.
Clothing requisitions.
Discharges and final statements.
Notification to paymaster of discharge.
Deserters' descriptive list.
Statement of service.
Furloughs.

(5) *Record books:*

Register and report cards.
Order and letter book.
Letters received and indorsement book.
Soldiers' handbook.
Record of physical examination of recruits.
Register of hospital-fund account.
Record of deaths and interments.
Medical history of post.

Weekly.

(1) Weekly report of detachment of Hospital Corps (companies of instruction only).

Every ten days.

(1) *Ration returns of detachment*—one copy to the adjutant.

Monthly.

(1) *Sick and wounded report* (Form 51)—one copy with medical report cards to Surgeon General, through chief surgeon.

(2) *Return of Hospital Corps* (Form 47), triplicate—one copy retained, one copy to Surgeon General, one copy to chief surgeon.

(3) Sanitary report (Form 50)—one copy to commanding officer then to Surgeon General through military channels.

(4) Vouchers for laundry (Form 5), triplicate—one copy retained, two to chief surgeon.

(5) Personal reports of medical officers (information slip)—one copy to Surgeon General, through chief surgeon.

(6) Report of examination of recruits—one copy to Surgeon General direct. (Form 60, or information slip.)

(7) Statement of the hospital fund (Form 49)—one copy to chief surgeon.

(8) Pay rolls, triplicate—one copy retained, two copies to paymaster.

(9) Report of meteorological observations (special form), triplicate—one copy retained, two copies to Chief of Weather Bureau.

(10) Report of repairs to hospital (information slip)—one copy to Surgeon General, through chief surgeon.

(11) Reports of repairs to quarters of sergeant first class.

(12) *Ration return for those rationed separately.*

(13) Requisition for fuel, forage, and straw—one copy to adjutant.

(14) Personal report of staff officers (par. 833, A. R. 1904) (letter or information slip) to The Military Secretary direct.

Bimonthly.

(1) Muster rolls, duplicate—one copy retained, one copy direct to The Military Secretary.

(2) Report of changes in detachment for preceding month—one copy to post commander on the last day of each month on which no muster roll is rendered. (Not required in all departments.)

Quarterly.

(1) Quartermaster's return, March 31, June 30, September 30, December 31, duplicate—one copy retained, one copy to the Quartermaster General with vouchers.

Semiannually.

(1) Ordnance return, June 30, and December 31, duplicate—one copy retained, one copy to Chief of Ordnance with vouchers.

Yearly.

(1) Return of medical property (Forms 21 and 22), duplicate—one copy retained, one copy direct to Surgeon General.

(2) Estimate of repairs to hospital and quarters of sergeant first class, estimate on separate sheet, letter of transmittal—one copy to Surgeon General, through chief surgeon.

(3) Requisition for medical supplies (Forms 33 and 34), four copies—one copy retained, three copies to chief surgeon. Due December 10.

Occasionally.

(1) Report of epidemic diseases (letter)—one copy to Surgeon General, through chief surgeon.

(2) Report of record books (Form 61), duplicate—one copy retained, one copy direct to Surgeon General.

(3) List of wounded (Form 53), duplicate—one copy retained, one copy direct to Surgeon General, through chief surgeon.

(4) Report of death of officers or sergeants first class, Hospital Corps, letter in duplicate—one copy to Surgeon General, one copy to chief surgeon.

(5) Report of deaths and interments—to adjutant.

(6) Inventory and inspection reports, triplicate—all copies to inspecting officer.

(7) Report of sales at public auction, four copies—one copy retained, one copy with return, one copy to Inspector General, one copy to chief of Bureau.

(8) Report of change of combination of office safe (letter) to Surgeon General.

(9) Special requisitions, invoices, and receipts.

At breaking up of hospital.

(1) Report of sick and wounded. (See monthly reports.)

(2) Return of Hospital Corps. (See monthly reports.)

(3) Report of record books. (See occasional reports.)

(4) Personal report. (See current work.)

(5) Letter reporting discontinuance of hospital—one copy to Surgeon General, through chief surgeon.

FIELD WORK.

241. (1) Uses of the first-aid packet.

(*a*) Application to wounds of all regions.

(*b*) Slings.

(2) Uses of other articles in the Hospital Corps and orderly pouches.

(3) First-aid treatment of fractures in all regions of the body.

(4) The methods of transporting wounded in war. Positions on the litter. Improvised litters. Without litters. Use of ordinary wagons.

(5) Picking up wounded. Patients tagged. Wounded cared for as indicated, using first-aid equipment and extemporized materials.

(6) Use and care of articles of field-hospital equipment.

(7) Organization of the regimental and of the field hospital. Distribution of the equipment.

(8) Pitching, striking, and packing a field hospital.

(9) Organization of the ambulance company. Work of an ambulance company during an action. Establishment of dressing stations. Collection and care of the wounded from the firing line to the field hospital.

COURSE B.

ELEMENTARY HYGIENE.

242. Noncommissioned officers' class:

(1) *Hygiene.*—Definition and history; sanitation. Boards of health; garrison regulations; police. Inspections and reports. Duty of the Hospital Corps as a matter of example.

(2) *Air.*—Composition. Impurities, physical and chemical. Changes in air vitiated by respiration and combustion. Ventilation and warming. Natural and artificial ventilation. Amount of cubic air space required per capita in barracks, hospitals, and prisons.

(3) *Removal of sewage and house wastes.*—Different systems; water carriage (separate and combined). Conservancy systems. Sanitary fittings, house plumbing, drains, and sewers. Privies, vaults, earth closets, incineration. Scavenging; disposal of ashes and stable refuse. Pollution of streams and wells. Methods of disposal of sewage and wastes in camp. Danger of epidemic infectious diseases.

(4) *Water.*—Sources; quantity needed per capita. Quality, hard and soft waters. Modes of supply. Purification; sources of pollution. Effect of impure water on health. Water-borne diseases. Simple tests for impurities.

(5) *Food.*—Functions and constituents. Food and work. Dietaries. Preserved foods. Diseases which render animal food unfit for use. Adulteration of foods and methods of detection of adulteration. Effects of improper food.

(6) *Climate and meteorology.*—Temperature, pressure, humidity, movement of air and winds. Barometers, thermometers, hygrometers, anemometers, and rain gauges. Effects of climate, season, and weather on health.

(7) *Soils and localities.*—Influence on public health. Geographical distribution of disease. Geographical and geological conditions. Relations between soils and localities and disease.

(8) *Dwellings.*—Site, foundation, etc. Structural details. Sanitary inspection. Sanitary defects in and around building. Drain testing.

(9) *Hospitals.*—Site. Different classes—pavilion, cottage, contagious. Construction and details.

(10) *Communicable diseases.*—Bacteriology and methods of transmission. Incubation. Smallpox, vaccination and revaccination. Tuberculosis. Venereal diseases. Typhus. Typhoid. Cholera. Yellow fever. Malaria. Plague. Leprosy. Tropical conditions and their bearing on health. Diseases to which the soldier is particularly liable, means of prevention.

(11) *Disinfection and quarantine.*—Disinfection of clothing, personal effects, dwelling places. Means employed; steam, heat, chemicals. Action of light and air. Diseases which render disinfection necessary. Disinfection and its bearng on yellow fever. Quarantine; object and necessity for. Diseases which render it necessary. Relation of period of incubation to the length of quarantine. Methods of establishing and maintaining a quarantine in garrison and in the field. Association of quarantine with disinfection.

(12) *Personal hygiene.*—Diet and drink; regulation of and their variation in accordance with climate and season. Sleep. Exercise; its relation to health and diet; necessity for; effects of climate upon. Clothing; materials, advantages and disadvantages of those in use. Clothing in relation to climate. Bathing.

(13) *Insects as carriers of infection.*—Measures against insect propagation; drainage; insecticides. Contact of insects with infected subject, or infectious material. Contact of infected insect with uninfected subject or noninfectious material (food, etc.). General screening measures.

COURSE IN ARMY REGULATIONS.

243. Noncommissioned officers' class:
Interior economy of companies (A. R., 1904), 274 to 286.
Messing and cooking, 287 to 293.
Bakery and company fund, 323 to 330.
Post bakeries, 331 to 336.
Daily service, 375 to 379.
Honors, etc., 380 to 396.
Property accountability, 697 to 705.
Boards of survey, 713 to 729.
Military correspondence, 778 to 795.
Orders, 796 to 811.
Muster and pay rolls, 812 to 815.
Returns of troops, 816 to 826.
Records, 827 to 831.
Arrest and confinement, 929 to 950.
Quartermaster's Department, 1009 to 1017, 1047, 1049, 1050, 1062, 1076, 1078, 1080, 1090, 1091, 1111, 1130, 1153, 1154, 1168, 1175, 1182.
Subsistence Department, 1205, 1218, 1221 to 1241, 1246, 1249, 1261, 1263, 1265, 1267.

Pay Department, 1343, 1346, 1347, 1363, 1365, 1369, 1397 to 1399, 1395, 1400, 1403, 1406, 1411.

Medical Department, 1413, 1414, 1431 to 1490, 1495, 1498 to 1502, 1513 to 1515, 1517.

Uniforms, 1601.

COURSE IN MINOR SURGERY.

244. Noncommissioned officers' class:

This course should be shaped to cover not only the essentials taught to the Hospital Corps, but also some of the conditions which might demand treatment before the arrival of or during the absence of the medical officer. The noncommissioned officers of the Hospital Corps are at times, as with small detachments, the only medical attendants. The instruction is therefore to be carried beyond the duties which belong to the noncommissioned officers of the Hospital Corps under normal conditions. Stress should be laid on the fact that the serious cases are to be referred to a medical officer where possible and that the details of treatment are given in view of occasions arising where no medical officer is available. Preparation of dressings, bandaging, and application of splints should be illustrated by exhibition of the articles and practical work by members of the class.

The operating room should be occupied by the class and the instruments and appliances are exhibited, their names learned, and their care and uses explained.

No. of hours.	
2	Asepsis and antisepsis; preparation of patient, surgeon, and assistants, for operation.
2	Preparation of surgical dressings, sterilization of same. Sterilization of instruments.
2	Anæsthesia and anæsthetics.
1	Artificial respiration.
1	Hypodermic medication.
1	Catheter. Stomach and rectal tubes.
3	Bandaging.
1	Fixed dressings and splints.
1	Counter irritation; dry and wet cups.
2	Emergencies, surgical and medical.
2	Instruments, nomenclature, care and use.
1	Wounds and sutures.
1	Minor operations. Extraction of teeth.
20	

INSTRUCTION OF DETACHMENTS.

245. All men of the Hospital Corps will be instructed under the supervision of the surgeon of the post in the duties of litter bearers

and the methods of rendering first aid to the sick and wounded, and in the various subjects pertaining to the sanitary soldier. A. R. 1449, 1904.

246. The course of instruction will cover the entire year, divided into two periods, the first period of thirty-four weeks from November 1 to about June 30, during which instruction will be given five hours per week; the second period from about June 30 to October 31, during which at least one hour per week will be devoted to drill and field work.

247. For troops in the field special attention should be given to field work, to include the care of animals, equitation, use of field appliances, camp sanitation, establishment of lines of aid in battle, etc. In the field no limit is to be placed on the amount of time to be devoted to this instruction.

248. In garrison three courses will be given: Course No. 1, for privates first class and privates; Course No. 2, for privates first class and selected privates; Course No. 3, for noncommissioned officers and privates first class who are candidates for promotion.

249. These courses will cover the following subjects:

COURSE NO. 1.

(1)	Discipline and duties of the soldier.		
(2)	Care of animals.		
(3)	Drill and field work.		
(4)	Anatomy and physiology	hours....	16
(5)	First aid	hours....	20
(6)	Nursing, bandaging, use of appliances, etc	hours....	36
(7)	Army Regulations	hours....	8
			80

COURSE NO. 2.

(1)	Cooking and diet cooking	hours....	12
(2)	Materia medica and pharmacy	hours....	24
(3)	Elementary hygiene	hours....	8
(4)	Clerical work	hours....	12
			56

COURSE NO. 3.

(1)	Mess management.		
(2)	Clerical work	hours....	10
(3)	Minor surgery	hours....	10
(4)	Army Regulations	hours....	10
(5)	Property responsibility and accountability	hrs....	10
			40

250. Course No. 3 may be given at such time during the first period as may be deemed best; preferably it should be so timed as to terminate just before the annual examinations for sergeants first class and sergeants.

251. All members of the Hospital Corps (with the exceptions noted later) will be drilled at least one hour per week throughout the year. With the exception of drill, each subject of the courses will be taken up consecutively, and when it is finished, an oral examination by a medical officer, under the direction of the surgeon, will be held. Members who pass a satisfactory examination will be classed as "qualified" and may be excused from further attendance in that subject; men who fail to pass will be required to take the course the following year, and, if after faithful effort they are deemed incapable of mastering the subject, their names will be reported to the Surgeon General for his information.

252. "Qualified" men of a year's standing or more will also be examined at this time to determine whether they continue proficient.

253. Men who have previously qualified may on reenlistment be examined to determine their state of proficiency. No examinations are to be held in drill and field work. First cooks are required to attend the courses in cooking and drill only; no others are to be excused except "qualified" men and the absolutely necessary attendants in the hospital, the "qualified" men being used for this purpose as far as practicable. Night nurses when on duty all night as such will be considered "necessary attendants" in the meaning of this paragraph.

254. The methods of instruction will be by demonstration and recitations from text-books. Reviews may be held when necessary and will be included in the hours of instruction.

255. The sequence of the subjects will be determined by the chief surgeon, who will consider the climatic and other conditions in his department in his arrangement of the year's instruction.

256. Records of class work are to be kept and the daily mark of each man will be entered in a class book, the record being based upon a scale of ten. At the end of each week the standing of all men in the class is to be determined and at the end of the month the weekly marks are to be consolidated with the marks attained in the reviews and the relative standing of all men in classes made of record.

257. The following text-books are recommended to be used for study and reference: Mason's Complete Handbook for the Hospital Corps; Manual for the Medical Department.

PROGRAMME OF INSTRUCTION.

258. To secure uniformity the outlines here given will be taken as a guide, each surgeon being allowed sufficient latitude to enable him to best meet the requirements of his own detachment.

DISCIPLINE AND DUTIES OF A SOLDIER.

259. This instruction is to be taken up at once when the recruit joins the detachment and is given by medical officers and noncommissioned officers. It will cover the Articles of War, the orders and regulations in regard to saluting, granting of indulgences, wearing of uniforms, etc. No number of hours is assigned to this subject as the instruction is given in connection with the soldier's daily round of duties and is continued as long as they remain in the service.

CARE OF ANIMALS.

260. Surgeons of posts will keep on hand horse equipments for the use of members of the Hospital Corps under their command who are authorized by paragraph 1463, Army Regulations, 1904, to be mounted on the march or in the field.

At all posts where there are cavalry troops the men of the Hospital Corps referred to in section 1, paragraph II, of this order will be reported to a troop commander on one day of each week, as may be determined by the post commander, for one hour's instruction in equitation as a member of the troop; the soldier to use his own equipment and the troop commander to provide the horse, which will be thoroughly groomed after the drill by the rider. G. O. 88, W. D., 1905.

(*a*) Such members of the Hospital Corps as have had one year's service or more in the cavalry, or that have received instruction in equitation for one year as provided above, will be excused from further instruction in that subject. See G. O. 123, W. D., 1905.

(*b*) At other posts the instruction will be as follows:

The course is entirely practical and will be given whenever animals are available for the purpose, particularly in the field.

The men are first instructed in the nomenclature of the horse and of the mounted equipment, and are then shown how to put on the properly folded blanket and watering bridle. A considerable portion of the time is then devoted to the position of the trooper mounted, with and without saddle, and the various aids to horsemanship are carefully explained. A portion of each hour is given to the mounted exercises, which serve to allay the fear many recruits show for the horse. Instruction is given in the use of the pack saddle. Every man is given practice in hitching up an ambulance team and in driving the ambulance. The proper packing of a saddle for field service is taught and the use of the various parts of the horse equipment are shown.

Under the direction of the sergeant, each recruit should have practical instruction in grooming, feeding, watering, and stable

management, together with the actual care and cleaning of harness and horse equipment.

(*c*) The course embraces the following:

Nomenclature of equipments; their uses; taking apart and putting together; care and cleaning. Care of horse equipment in the field.

Anatomy of the horse.

Grooming, handling, feeding, watering, care after exercise.

The halter and watering bridle. Blanket and surcingle.

To mount and dismount without saddle. Position of trooper mounted.

Aids to horsemanship. Gaits of the horse. To walk, trot, and gallop without saddle.

The curb bridle. The saddle and saddle blanket. To mount and dismount with saddle. The spur.

To roll bed blanket, overcoat, and shelter half. To pack saddle.

The ambulance. The army wagon and escort wagon. Wagon and ambulance harness. To harness horses and to hitch to wagon or ambulance. The picket line.

The pack saddle. To load and unload cargoes.

ANATOMY AND PHYSIOLOGY.

261. No attempt should be made to teach the minutiæ of anatomy, or the details of physiological action, the object being to give each man a sufficient groundwork to enable him to understand the subjects which come later in his course of instruction. All technical terms should be eliminated as far as practicable. Particular stress is to be laid upon the circulatory system and the accurate location of the most important blood vessels. The outlines of organs traced on the skin are also to be taught. Whenever practicable, instruction is to be illustrated by use of the skeleton, manikin, and drawings. The men should be taught to describe in plain terms the location of the various organs.

(*a*) The course embraces the following subjects:

(1) *Anatomy of the skeleton.*—Composition of bone. Structure of bones. Blood supply of bones. Forms of bones. Structure of long bones. The periosteum. Functions of bones. Divisions of skeleton. Number of bones in body. Names of the important bones. The vertebral column. Structure of a vertebra. Regions of vertebral column. Atlas. Axis. Structure of cranium. The bones of the face. Functions of bones of cranium; of face. The hyoid bone. The thorax, formation and function. The sternum. The ribs. The upper extremity considered as a whole. The scapula. The clavicle. The humerus. The radius. The ulna. The carpal bones. The metacarpal bones. The phalanges. The innominate bones. The

femur. The tibia. The fibula. The patella. The tarsal bones. The metatarsals. The phalanges. Joints. Structure of joints. Kinds of joint movement. Cartilage. Ligaments. Synovial membranes.

(2) *The muscular system.*—Structure of muscles. Varieties of muscular tissue. Functions of muscles. Voluntary muscles. Involuntary muscles. Mechanics of muscular action. Fascia. Tendons. Nomenclature and location of most important muscles.

(3) *The nervous system.*—Functions of nervous system. The cerebro-spinal system. The sympathetic system. The brain and its divisions. The coverings of the brain. The functions of the brain and its various parts. Motor nerves. Composition and function of the sympathetic system.

(4) *The circulation of the blood.*—Physical characteristics. Structure. Quantity of blood. Coagulation. Functions of the blood. Arterial and venous blood. Structure of the heart. Situation of the heart. The chambers of the heart. The pericardium. Structure and functions of the arteries. Aorta. Innominate. Subclavian. Common carotids. Axillary arteries. Brachials. Radials. Ulnars. Thoracic aorta. Abdominal aorta. Iliacs. Femorals. Anterior and posterior tibials. Location and course of foregoing arteries. Structure and function of veins. Structure and function of capillaries. The mechanism of the heart. The mechanism of the circulation. Illustration by diagrams. The pulmonary circulation and its function. The portal circulation and its functions. General functions of the circulation.

(5) *The respiratory system.*—Mouth. Nose. Pharynx. Larynx. Trachea. Bronchi. Bronchial tubes. Air cells. Location of lungs. Composition and structure of lungs. Pleuræ. Mechanism of respiration. The physiology of respiration. Purification of blood. Amount of air necessary for life. Difference between inspired and expired air. Ventilation.

(6) *Alimentary system.*—Mouth. Teeth. Salivary glands. Saliva. Mastication. Pharynx. Œsophagus. Structure and functions of stomach. Location of stomach. Gastric juice. Pepsin. Functions of gastric juice. Small intestines, structure, subdivisions. Large intestines, structure, subdivisions. Anatomy and location of liver. Location of pancreas. Physiology of mastication. Functions of saliva. Characteristics and functions of bile. The pancreatic juice and its functions. The functions of the large intestines. Digestion of food generally considered.

(7) *The organs of excretion.*—The kidneys, structure, and function. The ureters. The structure and function of the bladder. Location of the bladder. Structure of the skin. Functions of the skin. Hair. The spleen.

(8) *Organs of special sense.*—The eye, its structure and functions. Lachrymal apparatus. Physiology of sight. The ear, its structure and functions. Physiology of hearing. The physiology of smell. Taste. Touch.

BEARER DRILL AND FIELD WORK.

262. This instruction includes all the subjects in drill regulations for the Hospital Corps and field work, as follows:

Uses of the first-aid packet—

(1) Application to wounds of all regions.

(2) Slings.

Uses of other articles in the Hospital Corps and orderly's pouch.

First-aid treatment of fractures in all regions of the body.

The methods of transporting wounded in war. Positions on the litter. Improvised litters. Without litters. Use of ordinary wagons.

Picking up wounded. Patients tagged and wounded cared for as indicated, using first-aid equipment and extemporized materials.

Use and care of articles of field-hospital equipment.

Organization of the regimental and of the field hospital. Distribution of the equipment.

Pitching, striking, and packing field hospitals.

Organization of the ambulance company. Work of the ambulance company during an action. Establishment of aid stations. Collection and care of the wounded from the firing line to the field hospital.

(*a*) For further training of men in field work and to familiarize them with field appliances, it is suggested that for one month each summer the post hospital be closed and a field hospital sufficient to meet the needs of the post be established in its stead, at the same time the Hospital Corps detachment to go into camp, and the field equipment only to be used.

Occasionally throughout the year all available men should be taken out for marches with and without the litter and under all conditions of weather.

FIRST AID.

263. Asepsis, or surgical cleanliness. Infection or sepsis. Disinfection and antiseptics. Suppuration.

(*a*) *Wounds.*—Definition. Varieties. Characteristics of each variety. Characteristics of gunshot wounds. Poisoned and infected wounds. Healing of wounds. Causes of death from gunshot wounds. Indications to be met in treatment. Means at hand for treatment. Methods for exposing and examining wounds. Deimer's Rules. Burns and bruises. Freezing. Sprains.

(*b*) *Shock.*—Causes. Symptoms. Diagnosis. Treatment. Treatment in the field.

(*c*) *Wounds of regions.*—Symptoms peculiar to wounds of the various organs. The principles of treatment of wounds in each region. The application of the first-aid packet.

(*d*) *Fractures.*—Definition. Varieties. Symptoms or signs. How fractures unite. Ununited fractures. Compound fractures. G. S. fractures. Principles of first-aid treatment. Method of exposing fractures. Possible danger in handling. Reduction. Splinting. Use of garments for support. Treatment of special fractures. Practical work.

(*e*) *Dislocation.*—Definition. Characteristics of. Diagnosis. First-aid care and treatment of.

(*f*) *Foreign bodies.*—Eye. Ear. Nose. Throat. Symptoms. Dangers. Treatment.

(*g*) *Asphyxia.*—Smothering by gases. Smothering by hanging. By pressure on the chest and other obstructions to breathing. Drowning. Principles of treatment of asphyxia. Rescuing. To restore breathing. Artificial respiration and other means. Practical work.

(*h*) *Hemorrhages.*—The heart, arteries, and veins. Lines of the arteries. Outlines traced on the skin. Points for pressure. General symptoms. Control of hemorrhages. Natural means. Internal hemorrhage. Necessity for artificial assistance. First-aid methods. Stopping hemorrhage by patient himself. Practical work.

(*i*) *Emergencies in general.*—Symptoms. Diagnosis. What to look for. Indications and symptoms. General rules for emergencies. Unconsciousness. Other causes. Most common causes: Injury, fainting, heat, alcohol. Principles of diagnosis in the different cases. Treatment of each.

(*k*) *Poisons.*—General classes. Symptoms of each class. Treatment. Usual means at hand for first-aid treatment. Special poisons. Most common poisons.

NURSING.

264. This course includes bandaging and the use and care of Medical Department appliances.

Class work is to be made as practical as possible. All members of the class make beds, take temperatures, make out charts, give baths, prepare enemata, solutions, dressings, etc., and are taught the practical care and use of appliances of the Medical Department, such as a restraint apparatus, Paquelin cautery, formaldehyde generator, etc. Particular attention is to be given to the care of helpless and unconscious patients.

(a) Course.

The hospital ward. Its contents, furniture, utensils, supplies, etc. Care of ward.

Bed-making.

Admission of patient; care of effects.

Observation of symptoms.

Clinical thermometer. Temperature-taking.

Pulse and respiration.

Charting and recording temperature, pulse, and respiration.

Bath—bed, basin, foot. Cleansing bath.

Preparation of simple enemata; instruction in the use of the various instruments and the care of the same.

Use of disinfectants in general ward work.

Medicines and their administration.

Treatment of inflammation (simple cases).

Preparation of patient for operation.

Preparation of surgical bed.

Asepsis and antisepsis. Sterilization.

Mode of preparing simple dressings; cotton and gauze, sponges and wipes, etc.

Simple dressings. Instruments. Surgeon's table.

Disposition of soiled dressings, infected bedding, patients' clothing. Necessity for disinfection in care of above.

Bandaging.

Daily routine of ward work, surgical and medical.

Bed-making for special cases, medical, surgical, fracture.

Treatment for special cases.

Special diet and feeding.

Bathing in special cases.

Enemata and medication in special cases.

Nursing in typhoid fever.

Use of disinfectants in special cases.

Nursing a surgical patient following an operation.

Treatment of inflammation in special cases.

Nursing in contagious diseases.

Nursing in convalescence.

Ward emergencies.

Dissolution; care of body; autopsy.

Wardmaster's table; its contents; records, charts, requisition slips.

Care and use of Medical Department appliances.

ARMY REGULATIONS.

265. The paragraphs laid down in the soldiers' handbook and other paragraphs pertaining particularly to the Hospital Corps and the Medical Department will be covered in this course.

COOKING AND DIET COOKING.

266. Cooking will be taught practically to men who have shown aptitude and are detailed for duty in the kitchen. The course in diet cooking should aim to give instruction in the preparation of various articles of diet furnished for the sick in military hospitals. To this end each man should actually prepare the various diets and should also have practical instruction in the care of kitchen utensils and of those contained in the field mess and food chests. Efforts should be made to give the men an understanding of the particular uses of the different diets and also how to make use of the components of the field and garrison rations as food for the sick.

(*a*) *Course.*

On foods.—The five food principles. Use in care of sick. Hospital dietaries.

Milk diets.—Sterilization and care of milk. Preparing milk in various forms; punch, junket, whey, koumiss.

Liquid diets.—Meat juices, beef juice, beef tea, etc. Chicken broth, mutton broth.

Liquid diets.—Cereals, gruels, barley, rice, arrowroot, oatmeal, toast water, hard-bread gruel.

Fruit juices.—Lemonade, limeade, orangeade.

Beverages.—Tea, coffee, cocoa, chocolate.

Eggs.—Eggnog, sherry and egg, egg lemonade, egg broth.

Practical review of milk and liquid diets.

Gelatin.—In combination with beef juice, wine, coffee. Fruit juices as jellies.

Bread.—Toast—milk, dry.

Puddings.—Bread, rice, tapioca.

Fruits.—Fresh and dried, stewed and baked.

Beef.—Broiled, scraped on toast, beef sandwiches.

Serving of food.—Preparing tray, care of utensils, etc.

Review of milk, liquid, and semisolid diets prepared and served.

Potatoes.—Boiled, baked, mashed, creamed.

The field ration.—General instructions in preparation of field ration.

Contents of field food chest.

General review.

Funds for the purchase of supplies to be used in this course may be obtained from the Surgeon General.

MATERIA MEDICA AND PHARMACY.

267. Class rooms should be fitted up with charts and illustrations explaining the fundamental principles in practical pharmacy, while apparatus and specimens of drugs should be used for purposes of illustration.

The student is to be supplied with a brief outline on the subjects of materia medica and pharmacy, compiled in accordance with the army medical supply table, which treats all preparations in a short, concise manner, not beyond the average man's comprehension. Drugs should be taken up in alphabetical order and as each drug is discussed, mention is made of the official name, the English name, the synonym, source, character, tests, action, and dose.

In teaching practical pharmacy, the student should be familiarized with the processes and apparatus in common use, and the manipulations behind the prescription counter.

ELEMENTARY HYGIENE.

268. The course embraces the following:

(*a*) *General sanitation.*—Garrison regulations, police. Inspection methods. Example and duty of Hospital Corps in sanitary matters. Building sites. Drainage and drains. Sanitary defects in and around buildings. Hospitals—varieties; details and construction.

(*b*) *Personal hygiene.*—Diet and drink, regulation of and their variation in accordance with climate and season. Sleep. Exercise; its relation to health and diet; necessity for; effects of climate upon. Tropical factors. Clothing—materials, advantages and disadvantages of those in use. Clothing in relation to climate. Bathing. Food—functions. Constituents. Diseases of animals rendering food unfit for use. Effects of improper food and dietaries.

(*c*) *Air.*—Composition. Impurities, physical and chemical. Changes in air vitiated by respiration and combustion. Ventilation and warming. Natural and artificial ventilation. Amount of cubic air space required per capita in barracks, hospitals, prisons. Simple tests for excessive vitiation.

(*d*) *Water.*—Sources. Quantity needed per capita. Quality, hard and soft waters; pollutions. Purification. Effects of impure waters. Water-borne diseases. Simple water tests.

(*e*) *Removal of sewage and house wastes.*—Different systems; water carriage (separate and combined). Conservancy system. Sanitary fittings, house plumbing, drains and sewers. Care of sanitary plumbing fixtures. Privies, vaults, earth closets; incineration, scavenging; disposal of ashes and stable refuse. Pollution of streams and wells. Methods of disposal of sewage and wastes in camp. Danger of epidemic infectious diseases.

(*f*) *Communicable diseases.*—Bacteriology and methods of transmission. Incubation. Smallpox, vaccination and revaccination. Tuberculosis. Venereal diseases. Typhus. Typhoid. Cholera. Yellow fever. Malaria. Plague. Leprosy. Tropical conditions and

their bearing on health. Diseases to which the soldier is particularly liable; means of prevention.

(*g*) *Disinfection and quarantine.*—Disinfection of clothing, personal effects, dwelling places, means employed; heat, steam, chemicals. Action of light and air. Diseases which render disinfection necessary. Disinfection and its bearing on yellow fever. Disinfection of excreta.

(*h*) *Quarantine.*—Object of and necessity for. Diseases which render it necessary. Relation of period of incubation to the length of quarantine. Methods of establishing and maintaining a quarantine in garrison and in field. Association of quarantine with disinfection.

(*i*) *Insects as carriers of infection.*—Measures against insect propagation; drainage, insecticides. Contact of insect with infected subjects or infectious material. Contact of infected insect with uninfected subject, noninfectious matter (food, etc.). General screening measures.

CLERICAL WORK.

269. The course in clerical work embraces the following:

The nature, objects, and methods of preparation of the following reports and records are to be explained to the class and copies prepared and criticised. Each member of the class should be required to prepare the reports printed in italics. The list is believed to include all reports and records ordinarily required to be kept or prepared in military hospitals.

(*a*) *Daily.*

(1) *Morning sick report*, numerical. To commanding officer.

(2) *Morning report of detachment of Hospital Corps.* To commanding officer.

(3) *Detachment sick report.*

(4) Current work, as follows:

Letters sent and received.
Change of status, Hospital Corps. Information slip.
Enlistment papers.
Physical examination of recruits.
Personal identification record.
Descriptive and assignment cards.
Descriptive list, military record, and statement of accounts of enlisted men. (Form 29, M. S. O.)
Efficiency reports.
Deposit books.
Notification to paymaster of deposits.
Report to Paymaster General of transfer of men having deposits.

Allotments of pay.
Clothing requisition.
Discharges and final statements.
Notification to paymaster of discharge,
Statement of service.
Deserter's descriptive list.
Furlough.

(5) *Record books*, as follows:

Register and report cards.
Order and letter book.
Letters received and indorsement book.
Soldiers' handbooks.
Record of physical examination of recruits.
Register of hospital fund account.
Record of deaths and interments.
Medical history of post.

(b) Every ten days.

Ration returns of detachment of Hospital Corps. One copy to post adjutant.

(c) Monthly.

(1) *Sick and wounded report* (Form 51), *with medical report cards;* one copy to Surgeon General, through chief surgeon.

(2) *Return of Hospital Corps* (Form 47), duplicate; one copy to Surgeon General; one copy to chief surgeon.

(3) *Sanitary report* (Form 50); one copy to commanding officer, then to Surgeon General through military channels.

(4) Vouchers for laundry (Form 5): duplicate; two to chief surgeon.

(5) Personal report of medical officers (information slip); one copy to Surgeon General through chief surgeon.

(6) Report of examination of recruits; one copy to Surgeon General direct (Form 60 or information slip).

(7) Statement of the hospital fund (Form 49)—to chief surgeon.

(8) Pay rolls, triplicate; one copy retained, two to paymaster.

(9) Report of meteorological observations (special form); duplicate; to Chief of Weather Bureau.

(10) Report of repairs to hospital (information slip); one copy to Surgeon General through chief surgeon.

(11) Report of repairs to sergeants' (first class) quarters; to Surgeon General through chief surgeon.

(12) *Ration return for those rationed separately.*

(13) Requisition for fuel, forage, and straw; one copy to adjutant.

(d) Bimonthly.

(1) Muster rolls, duplicate; one copy retained, one copy direct to The Military Secretary.

(2) Report of changes in detachment for preceding month; one copy rendered to post commander on last of each month on which no muster roll is rendered. (Not required in all departments.)

(e) Quarterly.

(1) Quartermaster's returns, March 31, June 30, September 30, December 31, duplicate; one copy retained, one copy to Quartermaster General with vouchers for quarter.

(f) Semiannually.

(1) Ordnance returns, June 30 and December 31, duplicate; one copy retained, one copy to Chief of Ordnance with vouchers for period.

(g) Yearly.

(1) Return of medical property (Forms 21 and 22), duplicate; one copy retained, one copy direct to Surgeon General.

(2) Estimate of repairs to hospital and sergeants' (first class) quarters, estimate on separate sheet, letter of transmittal, one copy; to Surgeon General through chief surgeon.

(3) Requisition for medical supplies (Forms 33 and 34), four copies, one copy retained, three copies to chief surgeon, due December 10.

(h) Occasionally.

(1) Report of epidemic diseases (letter, one copy to Surgeon General through chief surgeon).

(2) Report of record books (Form 61), duplicate; one copy retained, one copy direct to Surgeon General.

(3) List of wounded (Form 53), duplicate; one copy retained, one copy to Surgeon General through chief surgeon.

(4) Report of death of officers or sergeants first class; letter in duplicate; one copy to Surgeon General, one copy to chief surgeon.

(5) Report of deaths and interments, to adjutant.

(6) Inventory and inspection reports, triplicate; all copies to inspecting officer.

(7) Report of sales at public auction, four copies; one copy retained, one copy with return, one copy to Inspector General, one copy to chief of bureau.

(8) Report of change of combination of office safe (letter) to Surgeon General.

(9) Special requisitions, invoices, and receipts.

(i) At breaking up of hospital.

(1) Report of sick and wounded. (See monthly reports.)
(2) Return of Hospital Corps. (See monthly reports.)
(3) Report of record books. (See occasional reports.)
(4) Personal report. (See current work.)
(5) Letter reporting discontinuance of hospital; one copy to Surgeon General through chief surgeon.

MINOR SURGERY.

270. This course should be shaped to cover not only the essentials taught to the Hospital Corps, but also some of the conditions which might demand treatment before the arrival of or during the absence of the medical officer. The noncommissioned officers of the Hospital Corps are at times, as with small detachments, the only medical attendants. The instruction is therefore to be carried beyond the duties which belong to the sergeant first class under normal conditions. Stress should be laid on the fact that serious cases are of course to be referred to a medical officer where possible and that the details of treatment given are in view of occasions arising where no medical officer is available. Preparation of dressings, bandaging, and applications of splints should be illustrated by exhibition of the articles and practical work by members of the class.

The operating room should be occupied by the class during part of the course, and the instruments and appliances exhibited, named, and their care and uses explained.

(a) Course.

Asepsis and antisepsis; preparation of patient, surgeon, and assistants for operation.

Preparation of surgical dressings, sterilization of same. Sterilization of instruments.

Anæsthesia and anæsthetics.
Artificial respiration.
Hypodermic medication.
Catheterization, stomach and rectal tubes.
Bandaging.
Fixed dressings and splints.
Counter irritation; dry and wet cups.
Emergencies, surgical and medical.
Instruments, nomenclature, care, and use.
Wounds and sutures.
Minor operations. Extraction of teeth.

MESS MANAGEMENT.

271. Instruction in this branch will be entirely practical, members of the class being detailed in rotation in charge of the kitchen and mess.

RETURN OF THE HOSPITAL CORPS.

272. The names of all men of the Hospital Corps present with, absent from, or assigned to the detachment during the month, including those newly enlisted, will be entered upon the face of the return in the following order:

(1) All those belonging to the detachment on the last day of the return, whether present or absent. (Those assigned will be taken up from date of receipt of order, whether they have or have not joined.)

(2) All those who have ceased to belong to the detachment since last return, e. g., by change of station, discharge, death, desertion, etc. Temporary absence, as on detached service, furlough, in hands of civil authorities, etc., will not be reported as a loss.

(3) All Hospital Corps men belonging to other posts or stations, temporarily attached to the detachment for quarters and rations, etc., or as garrison prisoners, or for treatment, etc., should be noted, and their status fully explained in the column for "remarks."

273. This return will be rendered monthly, and must show the total present and absent up to midnight of the last day of the period, casualties occurring on that day being entered among the losses. It should be made out in duplicate and mailed within five days after the expiration of the period covered by it, one copy direct to the Surgeon General and one to the chief surgeon. Upon the breaking up of the detachment, a final return should be made showing the distribution of the members of the corps so far as known. All changes in status should be reported by information slip to the chief surgeon on the day of the change, except those at general hospitals, arsenals, and other independent stations or commands reporting directly to the War Department, which will be reported to the Surgeon General. In Column III the duty of a private should be stated, as ward master, nurse, cook, attendant, ambulance driver, or, in the field, as orderly.

274. In the column for remarks should be noted:

(1) The special duties performed by each attendant.

(2) The date of joining the detachment, which should be that on which the man reported in person.

(3) In case of sickness, the date of admission to sick report and of return to duty, but the cause need be stated only when the sickness is due to vicious or immoral habits, or not contracted in the line of duty.

(4) In case of furlough, the authority therefor, duration, date of departure and return.

(5) Arrests, confinements, trials, and sentences by courts-martial and in cases of desertion, the facts as to apprehension, surrender, sentence, discharge, etc.

(6) The cause of retention, when an individual is retained in the service beyond the period for which he was enlisted.

(7) Dates and places, numbers, dates, and sources of orders, or description of authority (with extreme care).

(8) In case of discharge. First, character; second, objections to reenlistment—if none, it will be so stated; third, physical condition, good or bad; fourth, single or married; fifth, remarks, if any. (Included in the information slip required by par. 273.)

(9) Qualifications of each man; so that when a cook, clerk, etc., is needed the chief surgeon will know where he can be found.

275. All entries should be made with black ink in a plain and legible manner. The use of stamps and colored inks is prohibited, as is also the mutilation of the sheets of this return. If one line or one sheet is insufficient, a second should be used. Interlineations should be avoided.

(*a*) Names of hospital matrons will be arranged alphabetically and entered on the back of the return. In cases of immediate succession, the new appointment should take effect from the day following the occurrence of the vacancy.

(*b*) The number of each serviceable article of field equipment on hand must be stated. Articles supplied by the Quartermaster's Department, if retained in the possession of that Department, should be specifically assigned to the field hospital, reported on the back of this return, and used by it whenever necessary.

HOSPITAL FUND.

(See A. R. 318, 1904—Its expenditure; A. R. 327, 1904—Its constitution; A. R. 348, 1904—Seeds for post gardens.)

276. The hospital fund is derived:

(1) From commutation of rations of patients and nurses (pars. 315, 316).

(2) From savings on rations of the Hospital Corps.

(3) From dividends from post bakery.

(4) From dividends from post exchange.

(5) From dividends from post garden.

(6) From money received from officers and civilians treated in hospital.

(7) From sales of property purchased with hospital fund (par. 288), or products pertaining to the hospital fund (vegetables from hospital garden, etc.), when authorized by the chief surgeon.

277. The surgeon of the post will keep, account for, and expend the hospital fund, according to the instructions of the Surgeon General, exclusively for the benefit of the sick in hospital and the enlisted men of the Hospital Corps serving therein. A. R. 1489, 1904.

278. A register of the hospital fund will be kept by the surgeon. Receipts will be taken for all expenditures, which will be forwarded with the monthly statement for the information of the chief surgeon (par. 283).

279. The register of the hospital fund will show the names or designations of the firm or parties from whom articles are purchased for the use of the sick in hospital. The purchase from the hospital fund of liquors (wines, beer, etc.), except for the use of the sick in hospital, will not be approved.

280. Chief surgeons may grant authority for the purchase of articles, including cows and articles of durable property, required for the use of the sick in hospital and for the Hospital Corps, when satisfied that they are proper charges against the hospital fund. In general terms they should regulate the disbursements from the hospital fund in the interests of the sick.

281. Officers of the Medical Department will be held to a personal accountability for the loss of any portion of the hospital fund not deposited and locked in the cash box of the hospital safe or deposited in a bank as provided by A. R. 320. Any change in the combination of the lock of the hospital safe will be immediately reported to the Surgeon General.

282. Gratuities to hospital cooks may be authorized by chief surgeons when the amount of the hospital fund on hand justifies such an expenditure, viz:

(*a*) At posts where the number of patients treated in hospital averages less than five daily, 10 cents per day; where the number averages more than five daily, 20 cents per day; where the number averages more than ten daily, a gratuity of 10 cents per day may also be paid to a second cook.

(*b*) A gratuity of not exceeding $10 per month may be paid from the hospital fund to the hospital gardener, when authorized by the chief surgeon.

(*c*) Medical officers when given authority to pay gratuities will quote on the proper vouchers the date and source of such authority.

283. A statement of the hospital fund and return of durable property on the prescribed form (Form No. 49), with vouchers for receipts and expenditures, will be forwarded by the surgeon at the end of every month and when relieved from duty to the chief surgeon who, upon examination and approval, will forward the statement to the Surgeon General. The vouchers will be returned to the surgeon and constitute a part of the retained records of the hospital. The hospital fund accounts will be audited by the hospital council before the statement is forwarded to the chief surgeon.

284. In making out a statement of the hospital fund the amount on hand at the beginning, the amount received, the amount expended, and the balance on hand at the end of the month will be given.

285. All indebtedness properly chargeable to the hospital fund remaining at the end of the month will be recorded upon each statement; ordinarily there should be no indebtedness, but any that may occur must appear on the statement.

286. Should there be no hospital fund on hand and no durable property an information slip will be forwarded instead of the blank form, reporting the fact.

287. Necessary transfers of the hospital fund from one post to another in the department may be authorized by the chief surgeon, but transfers of funds from one department to another will be made by the Surgeon General only.

288. Articles of durable property purchased with the hospital fund, worn out or unfit for use, may be dropped, destroyed, or sold by authority of the chief surgeon. The proceeds of sales of such property will be accounted for on the next statement of the hospital fund.

(*a*) Should no durable property be on hand, the words "no property on hand" will be written across the face of the return when forwarded.

(*b*) Invoices and receipts for durable property purchased or expended will not be required by the Surgeon General. The transfer of fund and property will be acknowledged by receipts written across the face of the last statement and return sent to the Surgeon General.

HOSPITAL MATRONS AND LAUNDRY WORK.

HOSPITAL MATRONS.

(See A. R. 812, 1904—Muster and pay of; A. R. 1051, 1904—Fuel for; A. R. 1219, 1232, 1904—Rations for; A. R. 1476, 1904—Appointment of; A. R. 1500, 1904—Medicines and hospital stores to.)

289. Hospital matrons will be allowed at hospitals at posts and arsenals, in numbers to be fixed by the Surgeon General. A. R. 1477, 1904.

290. It is the duty of the hospital matron to mend and keep in repair the table, hand, and operating linen, the bedding and hospital clothing belonging to the Medical Department, including that of the dental surgeon's office; and to wash, iron, and fold the same, or so much thereof as possible up to and including a minimum of 500 pieces per month, from time to time, as the same may be required by the surgeon. The allowance from public funds of extra pay for performing any of the duties incident to her employment would be contrary to law and can not be approved. If she is unable or unwilling to meet these requirements, she should be discharged.

291. When the number of pieces to be laundered is more than the matron can do (having in mind the minimum of 500 pieces per month above required) the excess may be put out under the provisions of pars. 292 to 299. When it would be an economy and advantage to put the entire laundry out instead of the excess only, the facts should be reported to the chief surgeon for his information with a view to obtaining the necessary instructions and authority for further action. For the purpose of this report the matron's total compensation, including pay and allowances, is regarded as equivalent to $18 per month, of which $3 may be taken as for the mending, and the balance, $15, for the laundering. Adding the latter to the average monthly bills for excess laundry will give the average total cost when the excess only is put out, which is to be compared with the estimated average cost if the entire laundry were put out.

LAUNDRY WORK HIRED.

292. The excess laundry at hospitals where there are matrons and the entire laundry at other hospitals (except those with laundry plants or otherwise provided for under special instructions from the Surgeon General) may be put out to private laundries, laundrymen, and laundresses. When competition is not had the responsible officer will ascertain the lowest prices current in the vicinity for good hand or machine work and govern his action accordingly.

293. Individual laundrymen and laundresses may be employed under this authority without advertising for proposals, provided they do the work in person, the same being regarded as personal services within the meaning of section 3709, R. S. The vouchers will bear a notation showing that the work was done by the creditor in person.

294. Laundry work by steam laundries, or corporations, firms, or individuals who do a general laundry business, the actual work being done by employees of such laundries, corporations, etc., may be engaged in open market as follows:

First. When proposals have been invited and none have been received, or when the proposals are above the market rate, or are otherwise unreasonable. The voucher will note "In open market at the lowest market rate," with a brief statement of the facts showing that bids have been invited and none received, or that bids were too high, etc., as the case may be.

Second. When it is impracticable to secure competition, as, for example, when there is but one laundry within accessible distance of the post or station. The vouchers should note "In open market at the lowest market rate, it being impracticable to secure competition," with a brief statement of the facts upon which the notation is based.

Third. When the monthly laundry is so small, amounting to but a few dollars, that no competitive bids could reasonably be expected. In this case the vouchers should note "In open market, at the lowest market rate, in the manner common among business men, by oral agreements from time to time during the month as required."

Fourth. When there is a public exigency which requires the immediate performance of the work. The vouchers will bear the notation "Under emergency, in open market, and at the lowest market rate, time not allowing notice to invite proposals." An emergency can not rightfully be held to continue for a longer period than may be necessary to enter into a contract for the continuing service required. Work hired, however, between the time of inviting proposals and the final approval of a contract thereunder may properly be vouchered over this notation. The emergency having been met, steps should be taken to obtain proposals and let contracts for future service in compliance with the general rule below (par. 295).

295. When, however, the number of pieces to be put out is large, and reasonably constant, the work should be advertised, taking all proper steps to obtain competition thereon, and contract should be awarded for the same to the lowest responsible bidder. Blanks for the purpose will be furnished on application. The regulations respecting the time and mode of advertising, the opening and abstracting of bids, and the forwarding of papers, will be observed as in the purchase of supplies. Bids will ordinarily be invited by the dozen, the hundred, or the pound, as may be preferred, without regard to the different classes of goods to be laundered. If bidders will not submit bids in this form separate bids may be invited and separate awards made on each kind of article.

296. Contracts entered into on awards in these cases will as a rule be made for a fixed period of time, as, e. g., for the six months ending December 31, or the six months ending June 30, of any fiscal year. If deemed advisable, contracts for a less or a greater period may be entered into, but in no case should a single contract cover service in different fiscal years. The contracts will be executed in triplicate. Contracts at posts within a military department will be made subject to the approval of the chief surgeon thereof, and at independent posts and stations in the Philippines Division subject to the approval of the chief surgeon of the division. They will be promptly forwarded, together with the abstracts of proposals and accompanying papers, and the bonds, when bonds are required, to the chief surgeon upon whose approval they are conditioned, who, before approval, will see that they are correct and regular in every respect. One of the approved numbers will be given to the contractor, and the other two will be sent promptly to the Surgeon General (one for file in his office and the other for transmittal to the

Auditor for the War Department) accompanied by both numbers of the bond when bond is required, and, separately, the abstract of proposals with its exhibits. The Surgeon General will submit to the Secretary of War any serious errors or defects discovered. Contracts at other independent posts and stations will be made subject to the approval of the Surgeon General, to whom all numbers of the contract, the bonds when bonds are required, and the abstract with accompanying papers will be forwarded. No work will be let under the contract until the approval upon which it is conditioned has been given. Vouchers will bear the notation, "Under contract dated ——— ———."

297. In addition to the three original numbers of the contract executed as above, two copies will be made, one for the contracting officer, the other for the returns office of the Department of the Interior. The latter, prepared in strict conformity with sections 3744 and 3746, R. S., and par. 561, A. R., 1904, will be transmitted through the Surgeon General.

298. Bonds for the faithful performance of contracts for laundry work will not be required except when specially directed by the Surgeon General, or in the Philippines Division by the chief surgeon of the division.

299. Vouchers for laundry work hired under the preceding paragraphs will be prepared on Form 5 and forwarded through the chief surgeon, or if from independent posts, direct to the Surgeon General, except in the Philippines Division, where they will be subject to the approval of the chief surgeon of the division. Vouchers will show, first, the period during which the work was done, from first to last dates; second, the kind of articles laundered, either in detail or by general words, such as *hospital bed and table linen;* third, that the articles are *the property of the Medical Department;* fourth, the name of the post or station where the articles are in use; fifth, their number; sixth, the price per piece, dozen, hundred, or pound, as the case may be, and the total charge.

300. Vouchers for excess laundry at a hospital where there is a matron will be accompanied by a statement showing the kind and number of pieces laundered by the matron and put to hire, respectively, during the period covered, and by a certificate that the excess was more than the matron could do. These should be separate from the vouchers, which should contain no reference thereto.

HOSPITALS, SERVICE OF.

(See A. R. 813, 1904—Detached soldiers in hospital; A. R. 160, 164, 1904—Effects of deceased soldier; A. R. 713, 1904—Damaged property.)

301. The senior surgeon is charged with the management and is responsible for the condition of the hospital, which will be at all times subject to inspection by the commanding officer. The senior

surgeon of the post will inspect the hospital every morning, and on Saturday will also inspect the detachment of the Hospital Corps. A. R. 1475, 1904.

302. The surgeon of the post will assign his assistants and the members of the Hospital Corps to duty, and report them on the muster rolls in the capacity in which they are serving. With the approval of the commanding officer he will also appoint the matrons. A. R. 1476, 1904..

303. Patients will, if possible, leave their arms and accouterments with their companies. A. R. 1478, 1904.

(*a*) The commanding officer of a military hospital will promulgate and enforce such regulations as may be necessary for the custody and proper care of the effects of patients admitted to the hospital.

(*b*) Enlisted men are forbidden to receive money or other valuables from patients, either for safe-keeping or for any other purpose.

(*c*) Medical officers are directed to exercise particular care for the security of the money and other effects of insane and helpless patients. This is especially necessary when such patients are transferred from one hospital to another, or from a hospital to a train or ship, or vice versa.

304. When a soldier in hospital is detached from his company, his company commander will send to the hospital his descriptive list. The surgeon in charge will enter thereon all payments, stoppages, and the money value of all clothing issued, and when the soldier is returned to duty, transferred, discharged, dies, or deserts, a new descriptive list containing a complete statement of his accounts will be sent to his company or other commander, and the original will be retained by the officer in command of the hospital for his own protection. If the soldier is discharged from the service while in hospital, the surgeon will furnish him with final statements. If the soldier die in hospital the surgeon will take charge of his effects and make the reports required in paragraph 160. A. R. 1479, 1904.

305. Sick or wounded soldiers, discharged while in hospital, will be entitled to medical treatment in hospital, and to the usual ration during disability, or for the period considered proper for them to remain under treatment, but a discharged soldier who has left the hospital will not be readmitted except upon the written order of the commanding officer. A. R. 1480, 1904.

306. Recently discharged soldiers, needing hospital treatment, who arrive in New York City, San Francisco, or other port on Government transports, may be sent to one of the military hospitals in the vicinity, and rations in kind drawn for them while undergoing treatment. A. R. 1481, 1904.

307. Tents, clothing, hospital furniture, and other stores used in the treatment of contagious diseases, will be disinfected or burned upon the recommendation and under the supervision of a medical officer. A. R. 1482, 1904.

308. The Secretary of War may, on the recommendation of the Surgeon General, order gratuitous issues of clothing to soldiers who have had contagious diseases, and to hospital attendants who have nursed them, to replace articles destroyed by order of the proper medical officer to prevent contagion. A. R. 1483, 1904.

309. Medical officers in charge of hospital property will not permit it to be used for other than hospital purposes. A. R. 1484, 1904.

310. Civilian employees at military posts, including the employees of post exchanges, may be furnished the medical supplies prescribed for them by a medical officer under such regulations as the Surgeon General may establish in accordance with law. A. R. 1485, 1904.

311. A civilian employee on duty at a station where other than army medical attendance can not be procured is entitled, when necessary, to admission to hospital. A. R. 1486, 1904.

312. Civilians not in public service will be admitted to hospital only in cases of extreme necessity, and by permission of the commanding officer on written application of the surgeon. Rations will not be issued to them by the commissary, but their food will be purchased from the hospital fund, and the surgeon may remit all charges in cases of destitution. A. R. 1487, 1904.

313. Hospital charges will be as follows: For retired enlisted men and civilian employees of the Army, and for enlisted men of the Navy and Marine Corps, 40 cents per day; for officers of the Army, Navy, and Marine Corps, warrant officers of the Navy, civilian seamen and river boatmen (admitted only on permit issued by a medical officer of the Marine-Hospital Service or a customs officer), and civilians admitted as provided in the preceding paragraph, $1 per day. The money received will be accounted for with the hospital fund. A. R. 1488, 1904.

314. Civilian employees of the Army stationed at military posts may purchase medical supplies when prescribed by a medical officer. Charges will be as follows: In ordinary cases, 25 cents for each prescription; in the case of rare and expensive medicines, hospital stores, dressings, appliances, etc., at such increased rate, to be determined by the surgeon, as will reimburse the United States their cost.

(*a*) The responsible officer will at the end of each month without delay deposit the proceeds of such sales in the nearest United States depository, to the credit of the Treasurer of the United States, as "miscellaneous receipts, proceeds of sales of medicines to civilian

employees of the Army." He will render to the Surgeon General within ten days after the end of the month an account of sales, Form 15, accompanied by a detailed exhibit showing the name of each employee so purchasing, by whom the supplies were prescribed, the number of ordinary prescriptions at 25 cents each, the character and quantity, briefly, of other prescriptions, of hospital stores, of dressings, of appliances, with the special charge for each, and the total of the charges, being the amount collected.

(*b*) At isolated posts where issues to civilians become necessary to save life or prevent extreme suffering, medical officers will make such issues, and at the end of each month will report the circumstances to the Surgeon General, or, in the Philippines Division, to the chief surgeon. Unless the patient is destitute, charges will be made and the proceeds disposed of and accounted for as in the case of employees.

(*c*) Original prescriptions for civilians will be kept on a separate file and retained as a part of the hospital records. They will be subject to inspection at all times by inspectors and post commanders.

315. The ration of enlisted men sick in hospital and the ration of the members of the nurse corps (female) while on duty in hospital shall be commuted at the rate of 30 cents per ration (except that at the General Hospital at Fort Bayard, N. Mex., 50 cents per ration is authorized for enlisted patients therein) to be paid to the surgeon in charge by the post commissary or such officer of the Subsistence Department as may be designated. See A. R. 1235, as amended by G. O. No. 106, June 15, 1906.

316. Medical officers receiving money as commutation of rations under provision of the preceding paragraph will take up and account for same as a part of the hospital fund.

317. Articles of the established ration required for the diet of the sick in hospital will be purchased from the commissary if practicable. See A. R. 327, 1904.

318. Medical and official publications furnished from the Surgeon General's Office to surgeons in charge of hospitals will be properly filed and preserved in the hospital library. The expense of binding these publications and those issued to chief surgeons will be defrayed by the Medical Department, and they will be transported to and from the medical supply depots by the Quartermaster's Department. A. R. 1490, 1904.

319. When a patient is transferred from the care of one medical officer to another, a report of the case (Form 52—card) will accompany him.

320. Hospital clothing will be worn by patients only during their stay in hospital. Each article will be marked as hospital property. When very sick soldiers are transferred from one hospital

to another, the hospital clothing necessary for their comfort may be sent with them, properly invoiced, and accompanied by a check list, giving the names of the men in whose possession it is. Under the provisions of this paragraph, crutches and similar articles may, if necessary, be similarly transferred with the patient from one post or hospital to another.

321. Clothing and other articles which can be immersed in boiling water, or a disinfecting solution, without material injury, should be disinfected and not destroyed by burning. Articles destroyed to prevent contagion must be accounted for by a certificate of the officer responsible, setting forth fully the circumstances necessitating such destruction.

322. When a death occurs in a military hospital the case should be entered in the Record of Death and Interment, a copy of which record, with a request that necessary steps be taken for the disposition of the remains, should be sent to the adjutant of the post or station.

323. Post surgeons will at the end of each month send through the post commander to the proper company or regimental commander the name of each officer and enlisted man in the hospital, other than those belonging to the post, giving the cause of detention, date of arrival, departure, return to duty, or death, or any other information that may be pertinent to the case.

324. Whenever an enlisted man is discharged from the Army prior to the expiration of his term of service the actual cause of discharge will be stated in the order directing the same and noted on the final statements. Officers signing final statements will be careful to observe that these notations are made in all cases, as the cause of discharge determines the soldier's right to travel allowances, and the mere quotation of the number and date of the order upon which discharge is based is insufficient as a guide to proper payment.

325. Owing to the number of incorrect and incomplete final statements daily presented to paymasters for settlement, it is apparent that the obligations of officers issuing such statements are not fully understood, and the result is great inconvenience to discharged soldiers, who are obliged to return them to their late commanding officers to have necessary corrections made, and liability of paymasters to overpay, when the account of the soldier is not fully and properly stated.

In order that there may be uniformity in the issue of final statements, Army Regulations will be strictly observed.

It should be borne in mind that overpayments caused by erroneous final statements will be charged against the officer who signed the final statements.

ICE FOR HOSPITALS.

(See par. 315 and A. R. 1242 (9)—Allowance of.)

326. Members of the Hospital Corps are entitled to the allowance of ice mentioned in A. R. 1242.

(*a*) At stations where ice is not furnished by the Quartermaster's Department it will, upon authority from the Surgeon General, or in the Division of the Philippines upon authority from the chief surgeon, be purchased from the hospital fund or from the "Appropriation for Medical and Hospital Supplies."

(*b*) At stations where the Quartermaster's Department operates ice machines, the hospitals will be furnished ice by that Department.

(*c*) The following is an extract from G. O. 117, W. D., June 28, 1904, regulating the issue of ice produced by machines operated by the Quartermaster's Department:

6. The product of the ice machines operated by the Quartermaster's Department will be issued to the hospitals, the Subsistence Department for the preservation of subsistence stores, the different organizations, noncommissioned staff officers, offices, post schools, and workshops. After these uses are met any surplus ice may be sold at average cost price to officers or their families, to post exchanges, and to civilian employees, and the proceeds of such sales will be deposited to the credit of the Treasurer of the United States. The quantity of ice issued to hospitals, organizations, noncommissioned staff officers, offices, schools, and workshops will be regulated by the post commander and based upon the product obtained from the plant by judicious and economical operation. The supply for hospital use and for the preservation of subsistence stores will be paramount to all other uses and will be given preference in all cases where a reduction of issue becomes necessary. Post commanders will give their personal attention to the management of the ice machines and take care that expenses of every kind incident to their operation are limited to actual requirements, and that waste or unauthorized issues of the ice are prevented.

7. At posts or stations where ice machines are operated the Subsistence Department will not supply ice.

INFORMATION SLIPS.

327. Information slips are intended for use by medical officers in cases where formal letters can be dispensed with, viz, personal reports of medical officers, changes in the status of Hospital Corps members and of hospital matrons; requests for authority for the reenlistment of sergeants and privates; acknowledgments of receipt of S. G. O. circulars; requests for and acknowledgments of receipt of blank forms, clinical thermometers, typewriter ribbons, and vaccine virus; requests for special expenditures of the hospital fund; acknowledgments of receipt of funds for construction and repair of hospitals and quarters of sergeants first class and monthly reports of progress of work; explanations concerning reports of sick and wounded. They should not be used in any case requiring action by

another bureau, but may be used by an officer in making his personal report to The Military Secretary of the Army. Letter forms, such as "Sir: I have the honor," and "Very respectfully," will not be used. Indorsements should follow in sequence in the usual form. If neither remark nor action is required by the chief surgeon, his receiving stamp will take the place of an indorsement, to which may be added the words "contents noted," if deemed necessary. A memorandum will be entered on the stub, with the signature of the officer, to verify the record.

INSTRUCTION IN FIRST AID.

328. Special instruction in the methods of rendering first aid to the sick and wounded will be given to all enlisted men of the line of the Army by their company officers for at least four hours. A. R. 1448, 1904.

329. The instruction necessary to enable company officers to drill the enlisted men in their companies in the duties of litter bearers and methods of rendering first aid to the sick and wounded will be given chiefly by practical demonstrations, made in their presence. The prescribed drills of the detachment of the Hospital Corps will be utilized for this purpose, especial attention being given to the instruction in first aid. The practical demonstrations, accompanied by full explanations, should include methods of arresting hemorrhage, of applying the dressings contained in the first-aid packet; of immobilizing a fractured limb, of resuscitating those apparently drowned, etc., and should be supplemented by lectures designed to convey all essential information with reference to the anatomy of bones and blood vessels; the causes and treatment of syncope and of heat exhaustion; the differential diagnosis and treatment of sunstroke; the rationale of the various measures of first aid to the sick and wounded, etc.

MEDICAL ATTENDANCE.

330. Medical officers and contract surgeons on duty will attend officers and enlisted men, and, when practicable, their families; and at stations, or in the field, where other medical attendance can not be procured, civilian employees. Medicines will be dispensed to all persons entitled to medical attendance, and hospital stores to enlisted men and hospital matrons, also to officers at posts or stations where they can not be procured by purchase. A. R. 1500, 1904.

331. Medical officers and contract surgeons at their stations will furnish medical attendance to officers and enlisted men on the retired list, but they will not be required to leave their stations for that purpose. Medicines, dressings, etc., will be supplied to retired officers and enlisted men from army dispensaries on medical officers' prescriptions. A. R. 1501, 1904.

332. When medical attendance is required by an officer or an enlisted man on duty, and the attendance of a medical officer can not be had, the officer, or, if there be no officer present, then the enlisted man, may employ a civilian physician, and a just account for his services and the necessary medicines will be paid by the Medical Department. The accounts for each fiscal year will be rendered separately, and, if for continuous service, forwarded monthly. Accounts for temporary service will be forwarded promptly upon termination thereof. A. R. 1502, 1904.

333. Accounts for medical attendance will set forth the full name and address of the physician, the full name, rank, company, and regiment or corps of patient, date of and charge for each visit, charge for medicines, and particular disease or injury treated. The physician will certify that the account is correct and just and that the charges do not exceed the customary charges in the vicinity. The officer will certify, or the enlisted man make oath, to the correctness of the account, stating that he was on duty at the time and place specified, and why it was impossible to secure the services of an army surgeon. When medicines are furnished by a druggist and charged for by the physician, the original prescription must be furnished, and the receipt of the druggist to the physcian will accompany the account. A. R. 1503, 1904.

334. Accounts for medicines will be accompanied by the original prescriptions and must be for medicines properly so called only. When such an account is presented for payment the druggist will furnish the following certificate: "I certify that the above account is a just and correct statement of medicines furnished by me at ——— to officers and enlisted men of the United States Army, on the prescriptions herewith submitted; that said medicines were actually furnished on said prescriptions to said officers and enlisted men, respectively, at the dates set forth in said account, and that the prices charged are not in excess of those prevailing at said place." A. R. 1504, 1904.

335. The officer under whose authority the prescriptions are filled will certify the account as follows: "I certify that the foregoing account is correct; that the officers and enlisted men therein mentioned were actually on duty at ——— when the medicine was furnished for them as stated therein, and that such medicines could not then have been procured at an army dispensary in or near said place." The account must set forth the full name of each officer and enlisted man, his rank, the command to which he belongs, and the number, date, and price of each prescription. If there was an army dispensary in or near the place, but the medicines were procured elsewhere because it was closed when they were required, or if they could not be there procured for some other sufficient reason, a state-

ment of the facts supposed to justify the purchase will be added at the end of the officer's certificate. A. R. 1505, 1904.

336. When the charge for attendance is against an officer he will pay the account if practicable, and transmit it to the Surgeon General for reimbursement. Reimbursement accounts will be stated in the prescribed form in the name of the physician; the fact of payment will be plainly stated in the certificates of both the physician and the officer; and the officer, instead of the physician, will sign the receipt at the foot of the form. When the charge is against a deceased officer or enlisted man, the physician will certify as required in paragraph 1503, and that he has not received the sum expressed nor any portion thereof. Accounts for medical attendance and medicines for officers and enlisted men not on duty, or for the families and servants of officers and enlisted men, and accounts for consultation will not be paid. Treatment of chronic complaints by a specialist will not be paid for unless authority to employ such specialist has been obtained from the Surgeon General. Surgical appliances will be paid for only upon satisfactory evidence of their necessity; and such evidence, except in cases of emergency, should be submitted to the Surgeon General for his approval before purchase. Accounts for hospital stores will be paid only for enlisted men. Accounts for mineral waters or proprietary medicines will not be paid. A. R. 1506, 1904.

337. When hospital care and treatment are required by an officer or enlisted man on duty with any command or detachment, and can not be had in an army hospital, the commanding officer may obtain the required service in a civil hospital. If the officer requiring treatment is on duty without troops, or the enlisted man is on duty where there is no officer, he may himself arrange for the required service. Accounts of civil hospitals employed under this paragraph will be sent to the Surgeon General. They should indicate the daily or weekly rate charged, and the several items of service furnished by the hospital (as, e. g., medical attendance, medicines, nursing, lodging, board), and be accompanied by a report showing what agreement, if any, was made as to rates, or by the original agreement, if written. In no case should the rate agreed upon or charged exceed the usual local charge for like service to private patients. If the hospital rate is itemized, as so much for board, so much for room, so much for medical attendance, etc., the item rates must be shown. Extras, such as ambulance service, use of operating room, etc., not covered by the daily or weekly rate, must be separately itemized. Accounts which include the board of enlisted men will be forwarded by the Surgeon General to the Auditor for the War Department for settlement and apportionment to the proper appropriations. If not itemized, a just apportionment is deemed to

be one-fourth for board and three-fourths for medical attendance, medicines, nursing, and lodgings. Accounts which do not include the board of enlisted men may, if reasonable and just, be settled under the direction of the Surgeon General.

Officers should, when practicable, pay hospital bills for their own care, and transmit proper accounts to the Surgeon General for reimbursement of so much thereof as may be chargeable to the United States. The board of officers is not allowable from public funds, and the Surgeon General will make appropriate deductions therefor. Reimbursement accounts will be stated in the name of the hospital for the entire amount paid. The officer will certify the fact and amount of the payment, and must produce the receipt of the hospital for the same, which may be given separately or be added to the hospital certificate on the form. The officer, instead of the hospital, should in this case sign the receipt at the foot of the form.

If the officer pays only that portion of the bill covering or supposed to cover his board, the entire bill of the hospital should be debited on the form, and the part payment be deducted therefrom by proper credit entry, thus showing the net amount claimed by the hospital. In this case the receipt should be signed by the hospital. A. R. 1507, 1904.

338. Civilian physicians employed, in the absence of a medical officer or contract surgeon, to physically examine or vaccinate enlisted men, under these regulations or orders from competent authority, will be paid at the rates prescribed above for the examination and vaccination of recruits. A. R. 1511, 1904. (See par. 136.)

339. The compensation allowed to civilian physicians for ordinary medical attendance at garrisoned posts or camps will not exceed the following rates, and if the local charge per visit is less the account will be rendered at the local rates: For attending sick call, five men or less, $2.50; for each man in excess of five, 50 cents; for additional visit or sick call on same day, when necessary, $2. Where there is a large sick report and the service will be required for an extended period, application will be made to the Surgeon General for authority to employ a physician by the month. Accounts arising at posts or camps under exceptional circumstances, all accounts arising at other places, and accounts for special or surgical services will be allowed at reasonable rates approved by the Surgeon General. The accounts will be forwarded in duplicate to the chief surgeon or, if incurred at independent posts or stations, direct to the Surgeon General. A. R. 1512, 1904.

340. The family of an officer will be understood to include his wife, minor children, and other dependent members of his household.

341. Civilians employed in post exchanges are held to be en-

titled to the privileges of medical and hospital attendance and purchase of medicines allowed civilian employees under A. R. 1485, 1486, 1488, and 1500 of 1904.

342. If citizens residing in the neighborhood of a military post desire the professional attendance of an Army medical officer, it is regarded as not inconsistent with the requirements of the regulations governing the Army for such officer to render his services, when this does not interfere with the proper performance of his official duties. But the establishment of an office outside of the limits of a military post for the purpose of engaging in civil practice is prohibited.

343. At sick call the enlisted men of each company who require medical attention will be conducted to the hospital by a noncommissioned officer, who will give to the attending surgeon the company sick-report book containing the names of the sick. The surgeon, after examination, will indicate in the book, opposite their names, the men who are to be admitted to hospital and those to be returned to quarters, what duties the latter can perform, with any other information in regard to the sick which he may have to communicate to the company commander. The senior medical officer of the command will make a daily report of the sick and wounded to the commanding officer. A. R. 1498, 1904.

(*a*) Medical officers should bear in mind the fact that sick call is not a suitable time for the careful examination and treatment of the sick. Its purpose is to determine in as brief a time as possible the number of men unfit for duty, so that the morning sick report may be promptly sent to the commanding officer.

344. Cases of hernia suitable for an operation should receive surgical treatment. If the case is considered by the medical officer unsuitable for operation the fact will be noted upon the certificate of disability. In this connection attention is invited to Circular No. 11, Headquarters of the Army, A. G. O., Washington, December 10, 1884, which reads as follows:

> Except in case of a capital operation involving the risk of life, a soldier can not refuse to submit to medical treatment or surgical operation without subjecting himself to trial by court-martial for willfully avoiding treatment the purpose of which is to enable him to perform the duties for which he enlisted. (See also G. O. 43, W. D., 1906.)

345. Medical officers will furnish company commanders any information, except the diagnosis, which will assist them in determining for entry on the muster rolls whether or not the disability of a soldier who is or has been on sick report originated in the line of duty, entering this information in the company sick-report book. When required they will furnish the diagnosis to the commanding officer. A. R. 1499, 1904.

MEDICAL BOOKS AND JOURNALS.

(See par. 318.)

346. Such new books as may be selected by the Surgeon General will be furnished without requisition.

347. The library of the Surgeon General's office is intended for reference rather than for circulation, but books that can be readily replaced will be loaned to medical officers of the Army, they being held responsible for the safe return of the volumes within two weeks from the day of their receipt. In special cases this time may be extended.

348. Medical journals and periodicals issued by the Surgeon General are to be considered as belonging to the hospital or station to which they are sent. They will be kept on file, and medical officers on taking station will ascertain that the files are complete. When a post is discontinued, a list of journals and periodicals will be sent, through the chief surgeon, to the Surgeon General, who will give directions as to their disposition.

MEDICAL HISTORY OF POST.

349. The Medical History of the Post must be used exclusively for recording historical events in connection with the post, for the official indorsements on the report required by paragraph 2 (*a*), and for the entry of data of interest reported on the monthly report of sick and wounded, including births and marriages. See par. 438.

(*a*) In cases of birth, there should be entered the date, the sex, and name of the child, and the name, rank, etc., of the father, maiden name of the mother, and whether this child is the first or second, etc., resulting from the marriage. In cases of marriage, the date and names should be recorded, with the rank or occupation of the man and the age and birthplace of the woman. In cases of death, the date and cause, together with the name, sex, and age of the individual.

MEDICAL SUPPLIES.

350. Weights and measures of articles on the supply table are, with certain exceptions, given in the metric system, and all prescriptions, invoices, receipts, issues, and returns of medical supplies will be made in conformity therewith.

351. In all returns, requisitions, invoices, and receipts pertaining to medical supplies, the nomenclature, order of entry, and classification of the supply table will be strictly followed, and all copies will be carefully compared. They will be forwarded without letters of transmittal.

352. The supply tables enumerate the medical supplies issued to the Army, and the quantities and sizes of original packages. The

Medical Department will supply, from time to time, new remedies of determined therapeutic value; but newly introduced remedies, desired only for experiment, and such as offer no manifest advantage over those already issued, will not be supplied. These supplies are selected for the *military service*, and it is believed that all necessary articles are included, and that the quantities allowed will be found sufficient under ordinary circumstances. Requests for particular preparations simply because they are agreeable to the taste, or to save trouble in compounding, will not be approved; nor will preparations of a drug be furnished when one or more practically equivalent ones are on the supply table. (See par. 447.) The allowance specified in that table for an official population which corresponds most nearly to that of the post or command will be taken as a basis in filling out the annual requisition blanks for medical supplies.

ACCOUNTABILITY.

(See pars. 661 to 707, A. R., 1904.)

353. When medical property is lost or destroyed the circumstances of the loss or destruction must be fully set forth in a certificate from the officer responsible for the property, or in a certificate of a commissioned officer cognizant of the facts, or, in the absence of these, in an affidavit of a noninterested person. If the evidence is considered satisfactory by the Surgeon General, the accountable officer will be so informed and authorized to drop the articles from his returns. If not satisfactory, he will be required to replace them at his own expense.

354. Receipts, without remark, for cases of instruments and similar property will be considered as evidence that they are complete and in accordance with the lists of contents marked in the case or as given in the supply table, and the receiving officer will be held responsible in accordance therewith.

355. The issuing officer will enter on his invoices, and the receiving officer on his receipts, the condition of all articles not serviceable.

356. Medical officers will report to the Surgeon General and to the issuing officer all defects observed in the quality, quantity, or packing of medical supplies. They are requested to communicate freely to the Surgeon General any suggestions tending to the improvement of medical supplies, appliances, etc., and to make reports as to new designs of apparatus, field equipment, etc.

357. Medical officers will take up and account for all medical property of the Army that comes into their possession, and will report when possible to whose account it is to be credited.

(*a*) Officers will be held responsible for the serviceable and complete condition of all property in their possession, except such as may have been rendered unserviceable by fair wear and tear.

(*b*) In the absence of a medical officer the officer designated to take charge of medical property (A. R. 663, 1904) will sign all property and administrative papers.

RETURNS OF MEDICAL PROPERTY.

358. Officers in charge of medical property will prepare annually, on December 31, unless another date is fixed by the Surgeon General, or when relieved from the charge thereof, returns of medical property (Form No. 21 or 22) in duplicate, showing those articles on hand at last return, those received, expended, issued, and sold, and those remaining on hand. The original of this return will be promptly transmitted to the Surgeon General. The duplicate, with a complete set of vouchers, will be retained for the protection of the officer responsible for the property.

(*a*) In exceptional cases a certified invoice may be offered by the issuing officer, in the absence of a receipt, as a substitute for the proper voucher, together with such additional evidence as he may possess in regard to the issue.

(*b*) No interlineations or erasures will be made on the returns, and all articles not provided for in the printed headings will be entered in proper order under the heading of "Additional articles."

(*c*) In invoicing or accounting for broken packages, such as bottles, jars, etc., fractions will be given as ¼, ½, ¾.

TRANSFER OF MEDICAL SUPPLIES.

359. In ordinary transfers of medical supplies the issuing officer will prepare invoices (Forms No. 23, 24, or 25) in duplicate, and will forward them at once, one to the Surgeon General and one to the receiving officer. The latter will prepare receipts (Forms No. 26, 27, or 28) in duplicate, and will upon completion of the transfer promptly forward them, one to the Surgeon General and the other to the issuing officer. A packer's list (Form No. 32) will, if necessary, be furnished by the issuing officer. All supplies shipped will bear the name of the consignor as well as that of the consignee.

360. In cases in which complete transfer of property occurs, the receiving officer, instead of giving separate receipts as above provided, may make direct entry over his signature on the final return (both original and duplicate) of his predecessor, acknowledging receipt of all the property thereon enumerated as on hand and transferred to him. The transferring officer will, in that event, furnish an invoice to the receiving officer which may be made on the first line of Forms 21 and 22. The transferring officer will thereupon *at once* forward his final return, bearing the receipt above prescribed, to the Surgeon General, or notify the Surgeon General by letter that

he has transferred all the medical property for which he was accountable to the officer, naming him, to whom the transfer was made.

361. Great care should be exercised before receipting for cases of instruments, microscopes, and other property of similar character, not enumerated on the property papers in detail, to ascertain that the full contents of such cases are present and in good order. Incomplete cases will be receipted for as such, and a list of the missing instruments, etc., will accompany the receipt in order that the proper officer may be held accountable for the deficiency. See par. 354.

UNSERVICEABLE PROPERTY.

(See A. R. 612, 619, 1904—Proceeds of sales of; A. R. 613, 1904—Certificates of deposit; A. R. 684, 1904—Method of sales of; A. R. 911, 1904—By whom inspected; A. R. 914, 1904—Disposition of inventories; A. R. 918, 1904—Destruction of; A. R. 920, 1904—Action on inspection reports by.)

362. Damaged or unserviceable medicines, medical books, surgical or scientific instruments and appliances, pertaining to the Medical Department, will not be presented to an inspector for condemnation until authority for so doing has been obtained from the chief surgeon of the division or department. A. R. 1515, 1904.

363. Application to submit unserviceable instruments, books, etc., for the action of an inspector will be forwarded in duplicate to chief surgeons of departments, who are authorized to act upon them.

364. When medical property is sold the officer responsible therefor will prepare an account of sales (Form 15) in duplicate. He will also prepare an inventory of property sold (Form 16) in triplicate. One number of the account, and two numbers of the inventory, accompanied by a copy of or suitable extract from the inventory and inspection report, will be sent at once to the Surgeon General. The duplicate account and the triplicate inventory will be retained by the officer. Should it be necessary to incur any expenses in connection with such sales they will be paid out of the total receipts before depositing the latter, in which case the necessary vouchers, properly prepared and receipted, covering said expenses, will be forwarded with the account.

PURCHASE OF MEDICAL SUPPLIES.

365. Purchase of medical supplies will be made in pursuance of law, under the direction of the Surgeon General. A. R. 1513, 1904.

366. Medical officers in charge of medical supply depots will purchase and distribute medical and hospital supplies. In cases of emergency, articles not on hand will be purchased in small quantities to fill duly approved requisitions, without waiting for the approval of the Surgeon General.

ANNUAL REQUISITIONS.

367. The senior madical officer of every post will make annual requisition for medical supplies for the year commencing January 1, unless another date is fixed by the Surgeon General. The requisition will be made in triplicate and forwarded to the chief surgeon; or, in the case of independent posts, in duplicate, to the Surgeon General. Before forwarding an annual requisition each copy will be carefully examined and compared with the supply table to see that it has been correctly made out in strict accordance with existing regulations. Great care will be exercised in this matter to avoid delay occasioned by the return of the requisition for correction.

(*a*) Requisitions for dental instruments, appliances, and supplies will be made on Form 36 by the dental surgeon and transmitted through the post surgeon, who will carefully examine them, and, by indorsement thereon, express his opinion as to the necessity for the amounts asked for. Chief surgeons may authorize post surgeons to fill requisitions for such expendable supplies required by dental surgeons as may be on hand at the hospital. Post surgeons will report such issues to the Surgeon General by information slip, the dental surgeon acknowledging the receipt of the articles mentioned by his signature thereon.

368. Chief surgeons will see that annual requisitions do not call for any article not on the supply table, nor for quantities in excess of those therein allowed. They will forward one copy to the Surgeon General, with their action noted thereon, one, with their approval, direct to the medical supply depot designated by the Surgeon General for issue, and will retain one.

369. Annual requisitions will be forwarded to the chief surgeon within twenty days before the date at which the period they cover begins. They will be made only for articles that are, or probably will be, needed during the year; will state the quantity of all articles on hand, *as verified by a medical officer* in accordance with paragraph 391, and will give the total number of persons entitled by regulations to medicines.

(*a*) The quantities asked for will be computed on the basis of original packages.

370. Quantities on hand will be deducted from the quantities allowed by the supply table on the annual requisition, except when such deduction would cause the breakage of bottles or original packages. Fractional parts of a bottle or package must not be required for.

371. Those articles only of which a definite allowance is given in the supply table will be required for on the annual requisition.

372. Whenever articles are required to replace unserviceable property the exact number and condition of such unserviceable articles on hand will be stated on the requisition.

373. No remark will be made opposite the name of any article on the annual requisition that a special kind or special make or pattern is wanted, as the annual requisition is intended to include only such articles as are on the supply table, and which officers in charge of supply depots are authorized to issue, and not articles that are required to be specially purchased; the latter must be asked for on special requisition.

374. Requisitions for supplies for temporary posts or for those soon to be abandoned will be confined to such articles as are absolutely necessary.

375. The smaller posts will not require all the articles included in the supply table, and the local prevalence or rarity of certain diseases, as well as the quantity or number on hand of each article, will be considered in the preparation and approval of requisitions.

376. Sterilized dressings will not be issued for post use. Their preparation is so simple and so well understood that they should be prepared as needed. First-aid packets will be reserved exclusively for field use, except those issued for instruction.

SPECIAL REQUISITIONS.

377. When medical supplies are absolutely necessary before the annual requisition is made they will be asked for upon a special requisition, in triplicate, giving a list of the articles needed, and the quantity of each on hand, and the reason for the necessity for such requisition. They will be transmitted through the chief surgeon, who will retain one copy and will forward two to the Surgeon General.

(*a*) Chief surgeons will personally and carefully scrutinize these requisitions, and will make such changes as they may deem proper. They will in all cases make a recommendation as to the action to be taken.

(*b*) When articles not on the supply table or quantities in excess of the regulation allowance are needed they will be asked for on special requisition. The latter should follow the nomenclature, classification, and alphabetical arrangement of the supply table. Articles not on the supply table should be placed together in alphabetical order at the end of the requisition under the heading "Additional articles," and explanation of the necessity for them should be made in column of remarks.

378. When window curtains and fixtures, portable bookcases, and cabinets for blanks are required, the requisition therefor will be

special, and should be accompanied by an estimate of the cost of making suitable articles at or near the post. Wire netting will be furnished to repair such window and door screens as have become unserviceable.

379. Until further orders, microscopes, typewriters, bacteriological sets, formaldehyde generators, and skeletons in cabinet will be asked for on special requisition.

380. When no allowance is stated and the articles are issued "as required," special requisition will be made except for typewriter ribbons, impression strips, ribbon shields, and clinical thermometers. These articles will be obtained on request by information slip addressed to the chief surgeon.

381. Requests for vaccine virus will be made direct to the Surgeon General, or in the Philippines Division to the chief surgeon, by information slip. On account of its liability to become inert from various causes, especially from heat, it will be asked for in such quantities only as are needed for early use.

382. In cases of emergency, as sudden epidemics, not admitting of delay, chief surgeons are authorized to act upon special requisitions, forwarding one copy, with their action, to the nearest medical supply depot, one to the Surgeon General with an indorsement stating the circumstances, and retaining one; but requisitions for articles not on the supply table must, in all cases, be forwarded to the Surgeon General for his action.

(*a*) When, as a result of the prevalence of an epidemic, or for any other reason, necessary supplies are likely to be exhausted, timely requisition must be made for additional supplies. Medical officers will be held accountable for any suffering which may result from their failure to ask for supplies when it is evident that they will be needed.

383. Subposts and camps will in the absence of orders to the contrary obtain such medical supplies as may be required by special requisition upon the senior medical officer of the post to which they are subsidiary, who will issue them after approval by the chief surgeon.

USE AND CARE OF MEDICAL PROPERTY.

384. Paragraph 309 will not be construed as prohibiting medical officers from taking books and instruments from the hospital when necessary, but articles of any description issued to posts will not be taken away by the officer on being relieved, nor when availing himself of a leave of absence, except by authority of the Surgeon General or of the chief surgeon.

385. Hospital bedding will not be used by members of the Hospital Corps, except when on duty in the wards.

(*a*) The issue of articles for use in the preparation of cleaning mixtures, cosmetics, perfumery, use with spirit lamps, etc., is prohibited.

(*b*) The exchange of medicines with druggists is prohibited.

386. Blankets not in use should be frequently examined, and occasionally shaken and hung out of doors. When stained and soiled, but otherwise in good condition, they should be washed and continued in service. When deemed necessary, authority will be given to have them washed at a steam laundry, if one is near the post.

387. Rubber matting 1 yard wide is allowed, when necessary, for a strip down the middle of the ward, and for halls of the hospital, including a sufficient quantity for stair treads. It should be required for on special requisition giving the area of each space to be covered. Linoleum is issued for the office and dispensary only.

388. Rubber and flexible catheters and bougies will be kept in the catheter box, using talc (French chalk) or glycerin to preserve them.

389. Pieces of canvas of the proper size for litters will be issued, as required, to replace pieces that may become torn or unserviceable. If soiled, the canvas will be removed from the litter, washed, and replaced.

390. Surgical instruments and appliances that require and are considered worth repairing will be reported to the Surgeon General through the chief surgeon, with a statement of the repairs needed, giving the name of the maker.

391. The responsible officer will cause all instruments in his charge to be examined by a commissioned medical officer at least once each month. He will also once each year cause all medical property in his charge to be carefully examined by a commissioned medical officer, and verified by the returns, invoices, etc.

392. Officers will report to the Surgeon General such articles of furniture as may need and are considered worth repair or renovation by painting, varnishing, etc. This should be done by post labor if practicable, request being made for authority to purchase necessary material. If this is not practicable, the officer will obtain one or more estimates in detail of cost of repair or renovation of such furniture, and forward them through the chief surgeon for the action of the Surgeon General.

393. Field furniture will not be used at posts, except when required for instruction of men of the Hospital Corps.

(*a*) Medical, surgical, and other field chests and appliances will be frequently inspected and kept in perfect order for immediate field use. Under no circumstances will their contents be used at posts.

394. For purposes of instruction, first-aid packets, par. 616, will be obtained by the surgeons of posts, upon special requisitions, and will be supplied by them to company commanders. The allowance for this purpose will be twenty packets for each company of infantry, battery of artillery, or troop of cavalry. The dressings contained in these packets can be used repeatedly for the practical instruction of officers and enlisted men, and after being used for this purpose they should be repacked in the original form.

(*a*) First-aid packets are expendable, but care should be exercised to prevent any unnecessary expenditure; officers will be held strictly accountable for their proper and economical use.

DISINFECTANTS.

395. The routine issue of disinfectants is prohibited. A. R. 1514, 1904.

396. Disinfectants are issued, as are medicines, to be used by medical officers when actually required for some specific purpose. Chlorinated lime, phenol, and mercuric chloride are issued by the Medical Department for use as disinfectants, properly so called. A solution containing 4 per cent of good chlorinated lime, or 5 per cent of phenol, is suitable for disinfecting the excreta of patients with cholera or typhoid fever, or the sputa of patients suffering from diphtheria, scarlet fever, or tuberculosis. The floors, furniture, etc., in rooms occupied by patients suffering from an infectious disease may be washed with a 2 per cent solution of phenol, or with a solution of mercuric chloride of 1–1000. Soiled bed linen, underclothing, etc., used by such patients should be immersed in one of the above-mentioned solutions before it is sent to the laundry. But in the absence of any infectious disease, these disinfecting agents are not required, and their expenditure for purposes of general post sanitation is not authorized.

397. The necessity for the use of antiseptics and deodorants is a reproach upon the sanitary police of a post, and should only be required under exceptional circumstances. The alvine discharges of healthy persons do not require disinfection and, when properly disposed of, do not require treatment with any chemical agent whatever. If water-closets or earth closets are offensive, this is due to faulty construction, to insufficient supply of water or dry earth, or to neglect of ordinary cleanliness. The attempt to remedy such defects by the systematic use of antiseptics is expensive and unsatisfactory in its results. The same is true of foul drains, bad-smelling urinals, accumulations of garbage, etc. The proper remedy for such conditions is cleanliness and strict sanitary police.

398. When accumulations of organic material undergoing decomposition can not be removed or buried, they may be treated with

an antiseptic solution or with freshly burned quicklime. Quicklime is also a valuable disinfectant, and may be substituted for the more expensive chlorinated lime for disinfection of typhoid and cholera excreta, etc. For this purpose freshly prepared milk of lime should be used, containing about 1 part, by weight, of hydrate of lime to 8 of water.

399. During the prevalence of an epidemic, or when there is reason to believe that infectious material has been introduced from any source, latrines and cesspools may be treated with milk of lime, in the proportion of 5 parts to 100 parts of the contents of the vault, and the daily addition of 10 parts per 100 parts of daily increment of feces.

400. Owing to a misapprehension of the technical meaning of the words "disinfection" and "sanitation," and to the fact that quicklime is more frequently used to prevent infection than to destroy it, in future quicklime shall as a rule be furnished by the Quartermaster's Department for all purposes, and only in exceptionally urgent circumstances by the Medical Department, when it will be used solely for disinfection under the immediate supervision of medical officers. G. O. No. 68, A. G. O., 1901.

MEDICAL SUPPLY DEPOTS.

(See par. 366.)

401. Medical officers in charge of supply depots will keep the following books of record, and turn them over to their successors: Record of letters received, of letters sent, of moneys disbursed, of orders given for medical stores, of articles received, of articles expended, of articles on hand, of requisitions, of issues, of invoices of packages turned over to the Quartermaster's Department, of contents of packages, and of employees. Medical officers in charge of supply depots will prepare at the end of each quarter—

(*a*) A return, in duplicate, of medical property (Form No. 17).

(*b*) A quarterly abstract of receipts and issues (Forms Nos. 18, 19, and 20) in duplicate.

METEOROLOGICAL INSTRUMENTS.

METEOROLOGICAL INSTRUMENTS, OBSERVATIONS, AND REPORTS.

402. Meteorological observations will be taken at such posts as may be designated by the Surgeon General, to whom a report will be rendered promptly at the end of each month, on the form furnished by the director of the State section of the Weather Bureau, and through the office of the said director. Such meteorological instruments as are required for use at designated posts will be obtained by application to the State section director; and when any

of these instruments become broken or unserviceable the request for new ones will state the circumstances attending the breakage and, if a thermometer, the parts of the instrument will be returned by mail to the office of the State director. Receipts for these instruments will be made out by the post surgeon, on forms transmitted with the instruments. When relieved from duty at a station, the surgeon will notify the State officer, in order that the responsibility for the property may be properly transferred. Meteorological instruments heretofore issued by the Medical Department will be borne upon the returns of medical property until broken or worn out, but articles furnished by the Weather Bureau will not be taken up on these returns.

PRESCRIPTIONS.

(See par. 350—Metric system to be used.)

403. All prescriptions will be placed on file at the hospital; those for liquors will be placed on a separate file. Prescriptions for medicines furnished civilians will be kept on a separate file. See par. 314 (*c*).

REGISTER CARDS OF PATIENTS.

404. Separate sets of register cards will be kept for regular and volunteer troops.

405. The term "sick" or "wounded" applied to an officer or enlisted man treated in hospital means that he is so disabled as to be unfit for all military duty; applied to one treated in quarters that he is partially disabled and unfit for all military duties, unless his fitness for certain duties is specifically stated by the medical officer. Under any of these conditions he is technically on the "sick report," and his name should be borne on a register card.

406. The register cards will be made day by day as the cases are admitted, and will be in sequence, i. e., without break from day to day, month to month, or year to year. The file of register cards should be kept in the serial order of their register numbers. At the larger posts it will be found convenient to have an additional file of cards, carrying names and numbers only, to be arranged alphabetically as an index.

407. Officers or enlisted men who are excused from all or any part of their military duty, such as attendance on certain calls, drills, target practice, mounted duty, etc., because of physical disability, are to be borne on the register cards until their cases are completed.

(*a*) A case prescribed for, but not excused from duty, will not ordinarily be entered; but when it is of such a character as to have a probable bearing on the subsequent medical history of the individual, or when from the exigencies of the service the officer or soldier continues to perform his duties, notwithstanding his manifest

disability, it should be recorded on a register card with a statement to that effect.

(*b*) When the status of an officer or soldier absent from his post on ordinary leave or furlough becomes changed to absence on account of sickness, his case should be entered on a register card.

408. The cases of retired officers and enlisted men, and of civilians, including general prisoners, taken into hospital for treatment, should be entered on the register cards. When the status of a soldier while sick in hospital becomes changed to civilian, the case of the soldier should be closed and a new card made for the civilian.

409. When a patient absent sick from his command is admitted to hospital for treatment, the surgeon in charge of the hospital should notify the surgeon on whose card the patient is borne, and request a formal transfer of the case. When the patient leaves the said hospital as cured, transferred, etc., the record of his case should be so completed; but if he leaves the hospital uncured, or to resume a status of absent sick, the surgeon in charge of the hospital should send a transfer card to the surgeon of the command to which the patient belongs, who should take the case up on his register card.

410. A transfer card should be used for cases sent from one hospital to another, by change of station of company, for the sake of better accommodations, for benefit of climate, for observation by the chief surgeon, or when moving commands passing near a post desire to leave their sick and wounded for treatment. This card should be headed "Transfer Card," should be a duplicate of the patient's register card at the transferring hospital, except that it should also contain such details of the case as will probably be of value to the receiving officer, should be signed by the medical officer making the transfer and be forwarded with the patient. The officer of the receiving hospital will carefully record the information received on the "transfer card," note thereon the admission of the patient into his hospital, and forward the card with the next report of sick and wounded to the Surgeon General.

(*a*) In transfers to the Government Hospital for the Insane, the "transfer card," with a copy of the certificate which accompanied the soldier attached, should be sent to the Surgeon General. When more space is required to perfect entries on the "transfer card" an extension slip should be used as directed under "Entries on cards," par. 426.

DIRECTIONS FOR PREPARING THE REGISTER CARDS OF PATIENTS.

411. *Name.*—Name shall be exact and legible. Initial letters or abbreviations may be used for *middle names only.*

412. *Rank, company, and regiment; or staff corps.*—The usual abbreviations may be employed.

413. *Age, years.*—The age at birthday nearest to date admitted is required.

414. *Race.*—Use "W.," "C.," "F.," "P. R.," "I.," meaning "white," "colored," "Filipino," "Porto Rican," or "Indian."

415. *Nativity.*—Place of birth, give State if a native; country, if foreign. Usual abbreviations.

416. *Service, years.*—Give length of service, to date of admission, in years and fractions thereof.

417. *Register No.*—Every case of sickness, death, discharge, etc., entered on the cards will have a number for convenience of reference, and these numbers will be consecutive, and will be carried forward indefinitely. In order that the medical history of a patient may be more readily traced, his last register number, if he has been previously on sick report at the post, should be entered immediately before his current number.

418. *Date of admission.*—Give day, month, and year of admission. Figures should not be used to designate the month.

419. *Source of admission.*—Is generally "command," but may be from desertion, etc. When received from other hospitals or other commands, the name of hospital or command shall be given together with the date of original entry on sick report as shown on the transfer card.

420. *Cause of admission.*—Shall show the name and location of the disease; the cause, location, character, and severity of injury; with the attending circumstances, date of occurrence and nature of missile, weapon, or other producing agents. When there is more than one cause and the disability associated with either is cured before final disposition of the patient, the date of said cure shall be given. The diagnosis reported on transfer card received with patient, or on a card of field commands used for the same purpose, shall be recorded, and when it differs from that found by the surgeon at the receiving station, the difference shall be stated under "Complication, seq., etc."

In recording the causes of admission, medical officers will make use of such terms as will briefly and accurately describe the disease or injury, governing themselves so far as possible by the official nomenclature, par. 428. In this connection the following points should be held in view:

(*a*) Pathological lesions should be recorded rather than their symptoms.

(*b*) In all cases in which the cause of admission is a local manifestation of a general affection, the character and locality of the one and the nature of the other should be stated.

(*c*) Diseases due to venereal contagion, the abuse of stimulants or narcotics, or to immoral practices should be so recorded.

(*d*) Distinction should be made between the venereal ulcer known as chancroid and the hard chancre of primary syphilis.

(*e*) Distinction should also be made between inflammations of venereal and nonvenereal origin, as in cases of balanitis, orchitis, bubo, etc., specifying the nature of the venereal cause and the causation in the nonvenereal cases.

(*f*) Inflammations should be reported as acute or chronic.

(*g*) The term "heart disease" should not be recorded when the special affection can be determined.

(*h*) In pulmonary affections the lobe or lobes involved should be stated, as also whether the disease is confined to the right or left or extends to both lungs; the complications of pleurisy should be particularly noted.

(*i*) Deviations from the normal in cases of impairment of vision or hearing should be ascertained and noted.

(*j*) The exact location, variety, and cause of hernia should be given.

(*k*) Wounds should be designated as slight or severe; in gunshot wounds, the points of entrance and exit of missile and the parts implicated should be recorded.

(*l*) Fractures should be designated as simple, comminuted, compound, or complicated, the character of the complications being stated.

(*m*) When erysipelas, gangrene, pyemia, tetanus, etc., complicate cases of injury, the lesions associated with the complication should be carefully described.

(*n*) When an injury is accidental, homicidal, suicidal, or judicial, it should be stated, with particulars in each instance.

(*o*) In cases of old injury constituting a cause of admission, the condition of the injured part at the date of current admission should be stated. If there is no record of the original injury in the register cards the date, place, cause, and attendant circumstances, with the authority for the statements, should be entered; but if the original case is already recorded, a note of its register number in "Cause of admission" space will suffice to connect the history.

(*p*) Special notes should be made of cases of malingering or feigned diseases, and of the means employed for their detection.

(*q*) When no diagnosis can be reached, the fact should be stated. together with the conditions which prevent the recognition of the disease or injury.

421. *The number of days treated* in quarters, hospital, or field will be entered in table on back of card as indicated thereon.

422. *In line of duty.*—Herein shall be recorded the opinion of the medical officer based on a full consideration of all the facts as to whether the disease or injury was incurred in the line of duty and

should be explicitly stated as "Yes" or "No." In forming and recording this opinion medical officers will be guided by the following instructions:

(*a*) All diseases contracted or injuries received while an officer or enlisted man is in the military service of the United States may be assumed to have occurred in the line of duty, unless the surgeon knows: First, that the disease or injury existed before entering the service; second, that it was contracted while absent from duty on furlough or without permission; or, third, that it occurred in consequence of willful neglect or immoral conduct of the man himself.

(*b*) When a soldier is disabled while on pass, or in confinement, the question of line of duty must be determined by the circumstances attending the incurrence of the disability, but the fact of being on pass or in confinement should be stated.

(*c*) When a medical officer expresses the opinion that an injury occurring during athletic sports, properly indulged in, was received in the line of duty, the opinion is accepted by the Surgeon General as satisfactory and final.

(*d*) In all cases in which the opinion is expressed by "no," and in cases of venereal diseases expressed by "yes," the circumstances attending the incidence of the disability, and on which the opinion is based, should be stated under the diagnosis.

423. *Complications, seq., etc.*—Herein shall be recorded all surgical operations, unusual treatment, complications, intercurrent diseases, and change of diagnosis with date of change. If an intercurrent disease is in no way dependent on the primary affection, the date of its incurrence shall be given and an opinion shall be recorded as to its origination in the line of duty; but, if the complicating disease coexisted on admission, it shall be recorded as one of the causes of admission and an appropriate entry be made as to line of duty.

424. *Disposition.*—Herein record the disposition of the completed case, also the dates of departure and return from absence while sick. When a patient leaves his station on furlough or leave of absence on account of sickness his case remains incompleted until his return, when he resumes his status of present sick; but, if during his absence he be admitted for treatment to some other hospital or command, or the organization to which he belongs is assigned to some other station, his case shall be completed by formal transfer. On the other hand, if during his absence his status becomes changed to absent on ordinary leave or furlough, his case shall be completed by return to duty.

(*a*) When a patient is returned to duty the entry "duty" will suffice, the cure being assumed to be complete unless a statement to the contrary is entered.

(*b*) In cases of retirement or discharge by expiration of term, by order, sentence, or operation of law, the fact should be specified; and a statement should be made of the degree of disability due to the complaint for which the individual was under treatment at the time of his removal from service, unless it was unquestionably not received in the line of duty.

(*c*) In retirements or discharge on account of wounds or disease, the cause and the degree of disability should be recorded, and if the cause be some other disability than that for which the patient was admitted, it should be stated whether it originated in the line of duty; and in this instance, also, when the opinion expressed is "no," the circumstances attending the incidence of the disability and on which the negative opinion is based should be recorded. In all cases of discharge on certificate of disability the date of discharge as given in the letter of notification from the adjutant should be recorded.

(*d*) In the case of those not upon sick report found incapacitated for active service, and of those retired or discharged for disability, the nature of the disability, whether it originated in the line of duty, and other facts of interest obtainable together with the date of departure from post, will be entered.

(*e*) The causes of deaths, and whether they originated in the line of duty, as also the results of autopsies, should be recorded in this space.

(*f*) Deaths of officers and soldiers not on sick report, and of retired officers, ex-officers and ex-soldiers with the command, should also be entered with appropriate details and a statement as to whether the cause of death originated in the service and in the line of duty.

(*g*) Should the cause of death in any case be unknown, a brief note of such circumstances as may throw light on the subject should be entered. In cases of suicide the cause or causes which led to the act should be stated.

(*h*) When the disease or injury causing death or discharge has been aggravated by the willful and persistent refusal of the patient to submit to such reasonable restrictions, methods of treatment, or surgical operations as would, in the opinion of the medical officer, have conduced to the cure or to the lessening of the disability, the fact should be noted.

(*i*) In case of transfer to another hospital or command, the specific destination of the patient, and whether for "benefit of climate," "observation of the chief surgeon," "change of station of company," etc., with the authority for the transfer, should be stated.

(*j*) In cases of desertion, the name, rank, company, and regiment or corps of the individual should be repeated in connection with the entry completing his case.

Should the individual return from desertion and resume his former status on sick report his case will be continued to its completion and an amended card be substituted for the old one; but, should he return with a different disease or injury from that for which formerly treated, a new case will be taken and a card made as for other new admissions.

425. *Date of disposition.*—Give day, month, and year of disposition. Figures should not be used to designate months.

426. *Entries on cards.*—Entries on the cards will be made with the typewriter when available, using ink which is strictly indelible, and giving sufficient space to prevent crowding or misconstruction. When sufficient space is not provided on front of card to complete an entry, it will be continued on the back of card, or, if still more space is required, an extension slip will be pasted to the lower margin of the back of card, using about ½ inch for the seam; this will fasten the two cards at the back of the front top of card and will place the seam at the top of card when filed. When an entry is continued it shall be connected by cross reference, using, preferably, a small letter placed in parenthesis, thus, (*a*), so that the entry can be readily followed. Corrections should be authenticated by the initials of the surgeon, who will also place his initials in the space for signature on the bottom of each card.

427. Medical officers in recording the causes of admission to sick report will make use of the nomenclature given in paragraph 428 in all cases for which a specific title is provided. Experience has shown that it includes most of the causes of disability likely to occur in army practice. In recording cases for which a title is not specially provided, as, for instance, those which in a consolidation of the statistics would be tabulated under "Mixed infections and other dysenteries," or "Other epidemic diseases," etc., such terms will be used as will briefly and accurately describe the disease or injury, while conforming as far as possible to the nomenclature generally accepted by the profession. Medical officers will report in this way also when the cases are to be consolidated on the classified list under a general term, as in certain of the diseases of the skin.

(*a*) The organ or part affected should be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism, ulcer, herpes, etc., as also in inflammations, as adenitis, osteitis, arthritis, synovitis, etc., and in local injuries, as abrasions, burns, contusions, dislocations, etc.

(*b*) The surgical characteristics of wounds, fractures, hernias, etc., should be stated, and in all cases of poisoning the name of the poison should be given.

NOMENCLATURE OF DISEASES.

428. Diseases and injuries reported by medical officers on their report of sick and wounded will hereafter be classified in accordance with the arrangement in the following list:

CLASSIFIED LIST OF CAUSES OF ADMISSION TO SICK REPORT.

1.—General diseases:

(*a*) Epidemic diseases—

Typhoid fever.
Exanthematic typhus.
Relapsing fever.
Malarial fevers—
(1) Nonmalignant infection—
(*a*) Intermittent.
(*b*) Remittent or continued.
(2) Malignant (estivo autumnal infection)—
(*a*) Intermittent.
(*b*) Remittent or continued.
(*c*) Pernicious.
(3) Malarial cachexia.
(4) Hemoglobinuric fever.
Smallpox.
Measles.
Scarlet fever.
Whooping cough.
Diphtheria.
Influenza.
Miliary fever.
Asiatic cholera.
Cholera nostras.
Dysentery—
(1) Amebic.
(2) Bacillary.
(3) Mixed infections and other dysenteries.
Bubonic plague.
Yellow fever.
Leprosy.
Erysipelas.
Beri-beri.
Dengue.
Cerebro spinal meningitis, epidemic.
Mumps.
Rubella.
Varicella.
Vaccinia.

I.—General diseases—Continued.

(*a*) Epidemic diseases—Continued.

Kala-Azar (Trypanosomiasis?).
Malta fever.
Acute infectious jaundice (Weil's disease).
Yaws (Frambesia).
Epidemic dropsy.
Other epidemic diseases.

(*b*) Other general diseases—

Purulent infection and septicemia.
Glanders and farcy.
Anthrax.
Rabies.
Actinomycosis.
Trichinosis.
Pellagra.
Tuberculosis of the larynx.
Tuberculosis of the lungs.
Tuberculosis of the meninges.
Tuberculosis of the abdomen.
Tuberculosis of the bones and joints.
Tuberculosis of other organs.
General tuberculosis.
Syphilis, primary.
Syphilis, secondary.
Syphilis, tertiary.
Syphilis, hereditary.
Chancroids.
Chancroidal bubo.
Gonorrhea.
Gonorrheal epididymitis and orchitis.
Gonorrheal ophthalmia.
Gonorrheal rheumatism.
Gonorrheal stricture of the urethra.
Gonorrheal bubo.
Other results of gonorrhea.
Other venereal diseases.
Cancer and other malignant tumors of the buccal cavity.
Cancer and other malignant tumors of the stomach, liver.
Cancer and other malignant tumors of the peritoneum, intestines, rectum.
Cancer and other malignant tumors of other organs and unspecified.

I.—General diseases—Continued.

(*b*) Other general diseases—Continued.

Other tumors.
Acute articular rheumatism.
Rheumatism. subacute and chronic.
Gout.
Scurvy.
Diabetes.
Exophthalmic goiter.
Addison's disease.
Leukemia.
Anemia.
Other general diseases.
Acute alcoholism.
Delirium tremens.
Chronic alcoholism.
Chronic lead poisoning.
Other chronic poisonings (occupational).
Drug habit.
Narcotic poisonings, chronic.
Other chronic poisonings.

II.—Diseases of the nervous system and the organs of special sense:

Encephalitis.
Meningitis cerebral.
Meningitis spinal.
Progressive locomotor ataxia.
Other diseases of the spinal cord.
Cerebral congestion and hemorrhage.
Cerebral thrombosis and embolism (softening of the brain).
Paralysis without specified cause.
General paralysis.
Insanity.
Hypochondriasis.
Melancholia.
Epilepsy.
Tetanus.
Chorea.
Neuralgia.
Neuritis.
Neurasthenia.
Nostalgia.
Other diseases of the nervous system.

II.—Diseases of the nervous system, etc.—Continued.
Diseases of the eye and its adnexa—
Chalazion.
Trachoma.
Other diseases of the lids.
Lachrymal apparatus, diseases of.
Conjunctivitis, acute.
Conjunctivitis, chronic.
Pterygium.
Keratitis.
Sclerotitis.
Choroid, diseases of.
Iritis.
Retinitis.
Snow-blindness.
Asthenopia.
Cataract.
Glaucoma.
Amblyopia.
Amaurosis.
Night-blindness.
Errors of refraction.
Other diseases of the eye and its adnexa.
Of the ear and its adnexa—
Diseases of the external ear.
Diseases of the tympanum.
Diseases of the middle and internal ear.
Deafness.
Mastoid disease.
Other diseases of the ear and its adnexa.
III.—Diseases of the circulatory system:
Pericarditis.
Acute endocarditis.
Organic disease of the heart.
Angina pectoris.
Functional disease of the heart.
Aneurism.
Other diseases of the arteries.
Embolism and thrombosis, except cerebral.
Varicocele.
Varicose veins.
Hemorrhoids.
Phlebitis.
Other diseases of the veins.
Adenitis, nonvenereal.

III.—Diseases of the circulatory system—Continued.
Lymphangitis, nonvenereal.
Other diseases of the lymphatic system.
Hemorrhages.
Filariasis—
(1) Lymphatic varix.
(2) Lymph scrotum.
(3) Chyluria.
(4) Chylocele.
(5) Lymphangitis and elephantoid fever.
(6) Elephantiasis.
Trypanosomiasis.
Distomiasis (bilharzia disease)—
(1) Endemic hematuria.
(2) Bilharzia dysentery.
Other parasitic diseases of the circulatory system.
Other diseases of the circulatory system.
IV.—Diseases of the respiratory system:
Coryza.
Chronic nasal catarrh.
Nasal polypus.
Myiasis of the nasal fossæ.
Other diseases of the nasal fossæ.
Diseases of the larynx.
Diseases of the thyroid body.
Acute bronchitis.
Chronic bronchitis.
Broncho-pneumonia.
Pneumonia.
Pleurisy.
Congestion and apoplexy of the lungs.
Gangrene of the lungs.
Asthma.
Pulmonary emphysema.
Endemic hemoptysis (distomiasis).
Other diseases of the respiratory system, phthisis excepted.
V.—Diseases of the digestive system:
Diseases of the salivary glands and ducts.
Diseases of the teeth, gums, and alveoli.
Diseases of the mouth and tongue.
Tonsilitis.
Other diseases of the pharynx.
Diseases of the œsophagus.

V.—Diseases of the digestive system—Continued.
Ulcer of the stomach.
Dyspepsia.
Gastritis.
Other diseases of the stomach except cancer.
Diarrhea, acute.
Diarrhea, chronic.
Enteritis.
Intestinal parasites—
(1) Tænia mediocanellata (or saginata).
(2) Tænia solium.
(3) Tænia nana.
(4) Bothriocephalus latus.
(5) Distomida.
(6) Ascaris lumbricoides.
(7) Oxyuris vermicularis.
(8) Ankylostoma duodenale.
(9) Uncinaria Americana.
(10) Trichocephalus dispar.
(11) Other intestinal parasites.
Inguinal hernia.
Other hernia.
Intestinal obstruction.
Constipation.
Fistula in ano.
Other diseases of the intestines.
Acute yellow atrophy of the liver.
Hydatid tumor of the liver.
Cirrhosis of the liver.
Biliary calculi.
Congestion of the liver.
Acute hepatitis.
Hepatic abscess.
Jaundice, catarrhal.
Other diseases of the liver.
Diseases of the spleen.
Simple peritonitis.
Appendicitis and abscess of the iliac fossæ.
Sprue.
Other diseases of the digestive system, cancer and tuberculosis excepted.

VI.—Diseases (nonvenereal) of the genito-urinary system:
Acute nephritis.
Chronic nephritis.
Pyelitis and pyelonephritis.

VI.—Diseases (nonvenereal) of the genito-urinary system—Continued.

Other diseases of the kidney.
Renal calculi.
Vesical calculi.
Cystitis.
Other diseases of the bladder.
Stricture of the urethra.
Other diseases of the urethra.
Prostatitis.
Prostatic hypertrophy.
Other diseases of the prostate.
Balanitis.
Paraphimosis.
Phimosis.
Hematocele.
Hydrocele.
Orchitis.
Other nonvenereal diseases of the genital organs.

VIII.—Diseases of the skin and cellular tissue:

Gangrene.
Carbuncle.
Furuncle.
Acute abscess, phlegmon.
Corns and warts.
Ingrowing nail.
Chilblain.
Tropical ulcer.
Ulcers, other.
Dermatitis from poisonous plants.
Prickly heat.
Erythemata.
Herpes.
Eczema and pemphigus.
Impetigo and acne.
Urticaria.
Scabies.
Dhobie itch.
Jiggers.
Pemphigus contagiosus.
Mycetoma.
Tinea imbricata.
Ground itch.
Filaria medinensis.
Other parasitic diseases.
Other diseases of the skin and cellular tissue.

IX.—Diseases of the organs of locomotion:
- Osteomyelitis.
- Caries and necrosis of bone, nontubercular.
- Periostitis.
- Other nontubercular diseases of bones.
- Arthritis.
- Bunion.
- Tendo-synovitis.
- Synovitis.
- Bursitis.
- Other diseases of the joints except tuberculosis and rheumatism.
- Muscular rheumatism and myalgia.
- Other diseases of the organs of locomotion.

X.—Malformations, etc.:
- Congenital malformations and arrested development.

XII.—Old age:
- Senile debility.

XIV.—Ill-defined diseases:
- Sudden death.
- Malingering.
- Febricula, simple continued, and other fevers.
- Debility following operation and disease.
- Exhaustion from overexertion and exposure.
- Under observation, undiagnosed and unknown.

XV.—External causes:
- Fractures of the skull.
- Fractures of the spinal column.
- Other fractures, exclusive of gunshot.
- Dislocations.
- Sprains.
- Strain, muscular.
- Abrasions and blisters, mechanical.
- Contusions.
- Concussion of the brain.
- Concussion of the spine.
- Wounds, contused.
- Wounds, incised.
- Wounds, lacerated.
- Wounds, punctured.
- Wounds, gunshot.
- Crushing.
- Other traumatisms.
- Secondary results of injuries.

XV.—External causes—Continued.
Burns and scalds.
Burns by corrosive substances.
Sunstroke.
Heat exhaustion.
Frostbite.
General freezing.
Electric shock.
Drowning.
Inanition (starvation exclusive of disease).
Absorption of deleterious gases.
Narcotic poisonings, acute.
Corrosive and irritant poisonings, acute.
Venomous bites, stings, and wounds.
Other acute poisonings.
Explosion.
Suffocation, exclusive of disease.
Foreign bodies, presence of.
Other external violence.

429. Field register. See par. 570.

REPORT OF SICK AND WOUNDED.

430. The report of sick and wounded will be made on blanks, sheet and cards, Forms 51 and 52, Medical Department. The report sheet provides for general information and numerical tabulations concerning the command and its civilian attaches; the report cards, for the details of sickness of individuals and should contain full and exact transcripts of the register cards of all cases completed in the month and of such cases as are remaining at the end of the same month in which admitted and for which no other card will be required until completion, except that for the month of December cards shall be furnished for all cases remaining on the last day as well as for those completed in the month.

431. This report (one copy only) is required monthly from every post, separate command, and general hospital, and will be rendered separately for regular and volunteer troops, that of regulars to embrace all data pertaining to civilians. It should be forwarded from general hospitals direct to the Surgeon General, unless otherwise ordered, and from organizations and hospitals to the Surgeon General through the chief surgeon.

(*a*) Chief surgeons of military departments will require from each post or separate command such numerical statements of sick and wounded as they may deem necessary to enable them to prepare their annual reports.

432. If there has been no case on sick report, either remaining from last report or admitted during the month, the report of sick and wounded will nevertheless be forwarded. It will give the name and strength of the command, etc., with such remarks as the circumstances may suggest as of interest to the chief surgeon or the Surgeon General.

(*a*) When a hospital is closed or an organization is broken up, a report covering the unreported period of service, giving the beginning and end thereof, should in like manner be forwarded within five days after the breaking up of the organization.

(*b*) If a hospital is opened or closed during the month the orders directing it should be stated in the report. In either of these cases an information slip should be sent immediately to the chief surgeon and the Surgeon General; and in the event of closure or abandonment, etc., the medical records should be sent to the Surgeon General. See par. 41.

433. Entries on the report and its cards should be made with the typewriter, when possible; should be plainly and carefully written, using permanent black ink, the black record ribbon being preferred. Corrections should in every instance be authenticated by the initials of the medical officer.

434. Under appropriate headings of the report will be specified the regiment, companies, and detachments comprising the command, and the brigade, division, army, or department of which it forms a part. Important variations from the general composition of the command, as the arrival or departure of companies, giving the date and names of accompanying medical officers, if any. The mean strength for the period covered by the report will be obtained officially from the adjutant, or, in the case of general hospitals, from the executive officer's records.

435. The numerical statement will show the number of patients remaining under treatment at the date of last report and the number admitted from all sources, the aggregate of these being accounted for as completed cases and as cases remaining on sick report in hospital and in quarters at date, those absent sick being included among the latter until final disposition. The completed cases comprise those terminated by return to duty, death, discharge for disability, by expiration of term or by special orders, retirement for disability or by operation of law, desertion, transfer to other commands, etc. Deaths and retirements, and discharges for disability occurring, "not on sick report," will be tabulated above the line and in the proper space, full details in such cases will be reported on the register cards and report (cards) of sick and wounded. The numerical statement will show also the aggregate number of days lost from sickness by those in hospital, in quarters, and absent. Below the

data for soldiers will be shown those for general prisoners and other civilians treated in hospital and borne on the register cards.

436. Space on the report may be utilized for short notes on matters of general interest in relation to the medical condition of the command, such as the character of prevailing diseases, their causation, and the measures adopted for their prevention, the hardships and exposures attendant on marches or campaigns, or the insanitary condition of camps.

(*a*) The notes referred to should not be considered as relieving a medical officer from the obligation of reporting specially on any of the subjects indicated should its importance require a special record. It should be remembered also that such entries have merely a historical value as bearing on the sickness or mortality of the command for the period covered by the report. The regular monthly sanitary report or special reports to the adjutant are the means provided for securing official action to remedy insanitary conditions.

(*b*) The result of post-mortem examinations or extended notes of value to the report should be furnished on a separate sheet of the same size if more space is required. .

437. Space is provided for reporting the first and last register numbers of cases admitted during the month and for those of all cases remaining sick on the last day.

438. The civilian data will be tabulated in the proper space, showing the number of adult males, adult females, and children, and the number of cases of sickness in each class; births, marriages, and deaths will also be recorded, and a copy made in the Medical History of the Post as required by par. 349.

439. Special reports on medical, surgical, or sanitary subjects, when involving only professional interests, and when based on official records or on experience gained in the discharge of official duties, should be sent to the Surgeon General through the chief surgeon. If a medical officer desires to publish a paper of this character, request for authority to publish should be made to the Surgeon General. On the other hand, if an officer has written on a subject which is outside of his official work and does not involve reference to official records there is no need to submit the paper to the Surgeon General, provided, however, that there is nothing in the paper or the signature thereto to indicate that the writer is connected with the Army. If such connection is shown the paper must be first approved by the Surgeon General.

440. The officer rendering the report will fill in and sign the certificate at the foot of the first page and initial the report cards. In the absence of a medical officer or attending physician it is expected that the officer in charge of the property of the hospital (A. R. 663, 1904) will sign in his stead.

REPORTS AND RETURNS.

441. The senior surgeon of each hospital, post, regiment, or detachment will prepare and forward the following reports:

(*a*) Daily—

(1) Report of sick and wounded, for the commanding officer.

(2) Report of the detachment of the Hospital Corps, for the commanding officer.

(*b*) Monthly—

(1) Sanitary report, par. 445.

(2) Report of sick and wounded, par. 430.

(3) Return of the Hospital Corps, par. 272.

(4) Statement of the hospital fund and return of durable property, par. 283.

(5) Report of meteorological observations, par. 402.

(6) Report of physical examination of recruits, par. 161.

(7) Report of station and duty, par. 446 and A. R. 1516, 1904.

(8) Report of repairs to hospitals and quarters of sergeants first class, par. 189.

(9) Report of issues and sales of medicines to civilians, par. 314.

(*c*) Yearly—

(1) Returns of medical property, par. 358.

(2) Estimates of repairs to hospitals and quarters of sergeants first class, par. 185.

(*d*) Occasional—

(1) Report of epidemic diseases, par. 442.

(2) Report of record books, par. 91.

(3) List of wounded, par. 573 and A. R. 824, 1904.

(4) Report of deaths of officers, par. 444.

(*e*) In the absence of a medical officer, the physician who renders professional service will sign papers of a professional character, such as reports of sick and wounded, surgical reports, morning sick reports, etc.

442. On the appearance of the first recognized case of cholera, yellow fever, or other epidemic disease at or near a military post or station, the medical officer in charge will at once report the fact to the chief surgeon and forward a duplicate of his report direct to the Surgeon General. Every medical officer in charge of patients suffering from serious epidemic disease will, in addition to the usual report of sick and wounded, render in duplicate, at the end of each month, a report (Form 54) containing a list of such patients, one of which he will forward to the chief surgeon and the other direct to the Surgeon General. At the close of the epidemic, or of his tour

of service at the place, he will forward, with as little delay as practicable, a history of the epidemic, its origin or importation, its progress and decline, and the methods of treatment or prevention, with results; also results of autopsies.

443. Medical officers will notify local boards of health of any cases of yellow fever, cholera, smallpox, or other contagious diseases that may occur at their posts of duty.

444. The death of an officer, physician under contract, or sergeant first class, Hospital Corps, will be immediately reported by the attending surgeon or nearest medical officer to the chief surgeon and the Surgeon General. See also A. R. 83, 1904.

445. It is not necessary to report in full every month in the sanitary report required by paragraph 2 (*a*) when no change in the conditions have taken place since last report. A general statement under each of the headings should be made, with a reference to previous reports containing more extended information on the subject. But important changes in the sanitary condition occurring during the month should be fully described.

(*a*) If the subjects to be reported require more space than is provided by the blank form, use may be made of ordinary writing paper folded and transmitted as an inclosure.

(*b*) It is to be observed that although these sanitary reports are valuable as furnishing a record of conditions, changes, and recommendations, they are not always the best form of communication for suggestions requiring administrative action. Medical officers having important recommendations to make should invite attention to their subject in a special communication or report, which will be forwarded to the Surgeon General in the same manner and through the same channels as the regular monthly sanitary report.

446. Medical officers will, on the last day of every month, report to the Surgeon General their stations and duties during the month, giving a brief résumé of the service performed by them. They will also immediately report any change in their station and duties, stating the authority therefor, with number, date and source of order in each case. See A. R. 836, 1904.

GENERAL SUPPLY TABLE.

447. In computing the official population entitled to medicines at a station, the nearest round number in the supply table is to be taken, and requisitions made accordingly. If a post contains a population of more than 1,000 the requisition should call for the allowance of expendable articles for 1,000 plus that for the excess over 1,000. The names of expendable articles are printed in roman type and nonexpendable in italic.

448. MEDICINES.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Acacia (pulvis), 400 gms., in 500 c. c. w. m. bottle---botts.	3	4	5	6	7	7
Acetanilidum, 75 gms., in 125 c. c. w. m. bottle---botts.	2	2	4	6	6	8
Acetphenetidinum (phenacetin), 75 gms., in 125 c. c. w. m. bottle---botts.	2	3	7	7	10	13
Acidum aceticum, in 200 c. c. g. s. bottle---botts.	1	1	2	2	2	3
Acidum boricum (pulvis), 150 gms., in 250 c. c. w. m. bottle---botts.	3	3	7	7	10	10
Acidum citricum, 230 gms., in 250 c. c. w. m. bottle---botts.	1	1	1	2	2	2
Acidum hydrochloricum, in 200 c. c. g. s. bottle---botts.	1	1	2	2	3	4
Acidum hydrocyanicum dilutum, in 20 c. c. g. s. bottle---botts.	1	1	1	1	1	1
Acidum nitricum, in 200 c. c. g. s. bottle---botts.	1	1	2	2	3	4
Acidum oxalicum, for surgical use, 150 gms., in 250 c. c. w. m. bottle---botts.	3	3	7	7	10	10
Acidum phosphoricum dilutum, in 200 c. c. g. s. bottle---botts.	1	1	1	1	1	1
Acidum salicylicum, 60 gms., in 250 c. c. w. m. bottle---botts.	4	4	4	8	8	8
Acidum sulphuricum, in 200 c. c. g. s. bottle---botts.	1	1	2	2	2	3
Acidum sulphuricum aromaticum, in 200 c. c. g. s. bottle, botts.	1	1	1	2	2	2
Acidum tannicum, powdered, 50 gms., in 250 c. c. w. m. bottle---botts.	1	1	2	2	3	3
Acidum tartaricum, 200 gms., in 250 c. c. w. m. bottle---botts.	2	3	4	5	6	7
Aconiti tinctura, in 25 c. c. bottle---botts.	2	2	2	4	4	4
Adeps lanæ, 110 gms., in 125 c. c. w. m. bottle---botts.	3	3	4	4	5	5
Adrenalini hydrochloridum, or equivalent preparation, in 25 c. c. bottle---botts.	1	1	1	2	2	2
Æther, in 100-gm. tin---tins.	10	15	25	30	50	70
Ætheris spiritus compositus, in 200 c. c. g. s. bottle---botts.	1	1	2	2	2	3
Ætheris, spiritus nitrosi, in 200 c. c. g. s. bottle---botts.	3	3	5	7	10	12
Æthylis chloridum, in 100 c. c. metal tube---tubes.	2	3	4	5	6	7
Alcohol, in 1-liter bottle---botts.	12	18	32	50	75	100
Aloe (pulvis), 12 gms., in 25 c. c. bottle---botts.	2	2	2	4	4	4
Alumen, pulvis, 250 gms., in 250 c. c. w. m. bottle---botts.	1	1	1	2	2	3
Ammoniæ, aqua, 10 per cent, in 500 c. c. rubber-stopper bottle---botts.	3	5	8	10	12	16
Ammoniæ, spiritus aromaticus, in 250 c. c. rubber-stopper bottle---botts.	1	2	3	4	5	6
Ammonii bromidum, 185 gms., in 250 c. c. w. m. bottle, botts.	1	1	2	2	2	3
Ammonii carbonas, lumps, 150 gms., in 250 c. c. w. m. bottle---botts.	1	2	2	3	3	4
Ammonii chloridi, trochisci, 125 in 125 c. c. bottle---botts.	2	5	6	9	13	17
Ammonii chloridum, 150 gms., in 250 c. c. w. m. bottle, botts.	3	4	5	7	11	14
Amylis nitris, 5-drop pearls, 12 in box---boxes.	1	1	1	2	2	2
Antimonii et potassii tartras, 12 gms., in 25 c. c. bottle, botts.	2	2	2	2	2	2
Antipyrina, 75 gms., in 125 c. c. w. m. bottle---botts.	2	2	4	4	6	6
Apomorphinæ hydrochloridum, 6-mgm. hypodermic tablets, tubes.	1	1	1	2	2	2
Aqua hydrogenii dioxidi, in 500 c. c. bottle---botts.	6	8	14	18	24	30
Argenti nitras, in crystals, 25 gms., in 25 c. c. bottle---botts.	1	1	2	2	3	3
Argenti nitras fusus, 25 gms., in 25 c. c. bottle---botts.	1	1	1	2	2	2
Arseni trioxidum, 1-mgm. tablets, 250 in 25 c. c. bottle, botts.	1	1	2	2	2	3
Asafœtida, 15 gms., in 25 c. c. bottle---botts.	2	3	3	5	7	7
Aspidii oleoresina, 20 gms., in 25 c. c. bottle---botts.	2	2	2	2	2	2
Atropinæ sulphas, 0.65-mgm. hypodermic tablets---tubes.	2	3	4	5	6	8
Atropinæ sulphas, 0.13-mgm. ophthalmic disks, 50 in box, boxes.	1	1	1	1	1	2
Atropinæ sulphas, in 4-gm. bottle---botts.	1	1	1	1	2	2
Balsamum Peruvianum, 100 gms., in 125 c. c. w. m. bottle, botts.	2	2	2	3	3	3
Belladonnæ emplastrum, in 2-meter tin, 6-inch---tins.	1	2	3	4	5	6
Belladonnæ foliorum extractum, 25 gms., in 25 c. c. bottle, botts.	1	1	1	2	2	2
Bismuthi subgallas, 125 gms., in 250 c. c. w. m. bottle---botts.	2	2	2	4	4	4
Bismuthi subnitras, 225 gms., in 250 c. c. w. m. bottle, botts.	4	5	9	9	13	13
Buchu fluidextractum, in 500 c. c. bottle---botts.	1	1	1	1	2	2
Caffeina citrata, 12 gms., in 25 c. c. bottle---botts.	2	2	2	4	4	4
Camphora, pulvis, 250 gms., in 500 c. c. w. m. bottle---botts.	3	4	6	6	8	8
Cantharidis emplastrum, in 1-meter tin, 6-inch---tins.	1	1	1	2	2	2
Cantharidis tinctura, in 125 c. c. bottle---botts.	1	1	1	1	1	1
Capsici pulvis, 12 gms., in 25 c. c bottle---botts.	2	2	2	2	2	2
Capsici tinctura, in 125 c. c. bottle---botts.	1	1	1	2	2	2
Cera flava, in 250-gm. cake---cakes.	1	1	1	2	2	2
Ceratum resinæ, 100 gms., in 125 c. c. w. m. bottle---botts.	2	2	2	3	3	3
Chloralum hydratum, 20 gms., in 20 c. c. amber-colored g. s. bottle---botts.	5	5	7	7	10	10

MEDICINES—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Chloroformum, in 200 c. c. g. s. bottle—botts.	7	14	25	36	48	72
Chrysarobinum, 12 gms., in 25 c. c. bottle—botts.	2	2	2	2	2	2
Cinchonæ tinctura composita, in 500 c. c. bottle—botts.	2	3	4	5	6	6
Cocainæ hydrochloridum, 6 gms., in 25 c. c. w. m. bottle, botts.	1	2	4	4	6	6
Cocainæ hydrochloridum, in 10-mgm. hypodermic tablets, tubes.	1	1	2	2	3	3
Codeina, 15 gms., in 25 c. c. bottle—botts.	3	3	3	6	6	6
Colchici seminis fluidextractum, in 25 c. c. bottle—botts.	2	2	2	2	4	4
Collodium, in 20 c. c. g. s. bottle—botts.	5	10	15	20	25	30
Copaiba, 200 gms., in 250 c. c. w. m. bottle—botts.	4	8	10	12	12	15
Copaibæ pilulæ compositæ, or tablets, 250 in 125 c. c. bottle—botts.	1	1	2	2	3	4
Creosotum, in 20 c. c. g. s. bottle—botts.	2	2	3	5	5	5
Creta preparata, 225 gms., in 250 c. c. w. m. bottle—botts.	1	1	2	2	3	3
Cupri sulphas, 20 gms., in 25 c. c. bottle—botts.	2	2	2	3	3	3
Digitalinum, 1-mgm. hypodermic tablets—tubes.	1	1	2	2	3	3
Digitalis tinctura, in 250 c. c. bottle—botts.	1	1	1	2	2	2
Ergotæ fluidextractum, in 250 c. c. bottle—botts.	1	1	2	2	2	3
Ergotinum, 130-mgm. tablets, 80 in 25 c. c. bottle—botts.	2	2	2	3	3	3
Eucaine, B., 30 gms., in 60 c. c. bottle—botts.	1	1	2	2	2	2
Eucalyptol, in 25 c. c. bottle—botts.	2	2	2	2	2	2
Ferri chloridi tinctura, in 400 c. c. g. s. bottle—botts.	1	2	3	5	6	7
Ferri et quininæ citras solubilis, 75 gms., in 125 c. c. w. m. bottle—botts.	1	2	4	5	6	7
Ferri iodidi syrupus, in 250 c. c. bottle—botts.	1	1	1	2	2	2
Ferri pilulæ compositæ, 80 in 25 c. c. bottle—botts.	3	5	8	10	12	15
Ferri sulphas exsiccatus, 100 gms., in 125 c. c. w. m. bottle, botts.	1	1	1	2	2	2
Ferrum reductum, 25 gms., in 25 c. c. bottle—botts.	1	1	1	2	2	2
Foot powder, in 150 c. c. tins with perforated cover—tins.	6	6	8	10	10	10
Gentianæ tinctura composita, in 500 c. c. bottle—botts.	2	3	4	5	6	7
Glycerinum, in 500 c. c. bottle—botts.	6	8	14	16	18	20
Glycerylis nitras (nitroglycerin), 0.65-mgm. tablets, 250 in 25 c. c. bottle—botts.	1	1	1	2	2	2
Glycerylis nitras (nitroglycerin), 0.65-mgm. hypodermic tablets—tubes.	1	1	1	1	1	1
Glycyrrhizæ extractum purum (pulvis) 125 gms., in 250 c. c. w. m. bottle—botts.	4	6	8	12	16	20
Glycyrrhizæ mistura composita, in 1-liter bottle—botts.	3	5	7	8	10	12
Glycyrrhizæ pulvis compositus, 125 gms., in 250 c. c. w. m. bottle—botts.	2	2	4	4	6	6
Guaiacolis carbonas, in 20-gm. bottle—botts.	2	2	2	2	2	2
Hamamelidis, foliorum fluidextractum, in 250 c. c. bottle, botts.	2	2	3	3	4	4
Heroini hydrochloridum, in 5.5-mgm. tablets, 500 in 60 c. c. bottle—botts.	1	1	1	2	2	2
Hexamethylenamina (urotropin), 75 gms., in 25 c. c. w. m. bottle—botts.	1	2	2	3	4	4
Homatropinæ hydrobromidum, 1 gm., in 5 c. c. bottle—botts.	2	2	2	2	2	2
Hydrargyri chloridum corrosivum, 75 gms., in 25 c. c bottle—botts.	1	1	1	2	2	2
Hydrargyri chloridum mite, 32-mgm. tablets, 250 in 25 c. c. amber-colored bottle—botts.	2	4	5	7	9	10
Hydrargyri chloridum mite, 50 gms., in 25 c. c. amber-colored bottle—botts.	2	4	8	8	12	12
Hydrargyri iodidum flavum, 10-mgm. tablets, 250 in 25 c. c. bottle—botts.	4	5	6	8	10	12
Hydrargyri massa, 100 gms., in 125 c. c. w. m. bottle—botts.	1	1	1	2	2	2
Hydrargyri nitratis unguentum, 90 gms., in 125 c. c. w. m. bottle—botts.	3	3	3	3	3	3
Hydrargyri oleatum, 10 per cent, 500 gms., in 500 c. c. w. m. bottle—botts.	1	1	1	2	2	2
Hydrargyri unguentum, 200 gms., in 125 c. c. w. m. bottle, botts.	3	3	5	8	10	13
Hydrastis fluidextractum, in 250 c. c. bottle—botts.	1	1	1	2	2	2
Hyoscinæ hydrobromidum, 0.65-mgm. hypodermic tablets, tubes.	1	1	1	1	1	1
Hyoscyami extractum, 25 gms., in 25 c. c. bottle—botts.	1	1	1	1	1	1
Hyoscyami pilulæ compositæ, 80 in 25 c. c. bottle—botts.	2	2	2	3	3	3
Ichthyolum, 75 gms., in 125 c. c. w. m. bottle—botts.	2	3	4	5	6	8
Iodoformum, 150 gms., in 125 c. c. w. m. bottle—botts.	2	2	3	4	5	6
Iodum, 25 gms., in 20 c. c. g. s. bottle—botts.	3	5	7	10	13	15
Ipecacuanhæ pulvis, 100 gms., in 250 c. c. w. m. bottle, botts.	1	1	1	2	2	2
Ipecacuanhæ et opii pulvis, 150 gms., in 250 c. c. w. m. bottle—botts.	3	3	5	7	9	9
Ipecacuanhæ fluidextractum, in 250 c. c. bottle—botts.	1	1	1	1	1	1
Lithii carbonas, 10 gms., in 25 c. c. bottle—botts.	2	2	2	3	3	3
Lycopodium, 100 gms., in 250 c. c. w. m. bottle—botts.	1	1	1	1	1	1

MEDICINES—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Magnesii carbonas (powdered), 50 gms., in 250 c. c. w. m. bottle—botts.	4	6	8	10	12	12
Magnesii sulphas, 1,800 gms., in 1,900 c. c. tin—tins.	4	6	11	16	18	22
Menthol, 40 gms., in 125 c. c. w. m. bottle—botts.	1	1	2	2	3	3
Morphinæ sulphas, pulvis, 6 gms., in 25 c. c. bottle—botts.	2	3	5	7	8	12
Morphinæ sulphas, 8-mgm. hypodermic tablets—tubes.	4	8	12	16	20	24
Morphinæ sulphas, 8-mgm. tablets, 250 in 25 c. c. bottle—botts.	1	1	1	2	2	2
Myrrhæ tinctura, in 250 c. c. bottle—botts.	1	1	1	2	3	4
Normal saline solution tablets, 250 in 250 c. c. w. m. bottle, botts.	1	1	1	1	1	1
Nucis vomicæ tinctura, in 250 c. c. bottle—botts.	1	1	1	2	2	2
Nucis vomicæ extractum, 25 gms., in 25 c. c. bottle—botts.	1	1	1	2	2	2
Oleum caryophilli, in 20 c. c. g. s. bottle—botts.	1	1	1	1	1	1
Oleum gaultheriæ, in 20 c. c. g. s bottle—botts.	5	5	10	10	15	15
Oleum gossypii seminis, in 1-liter bottle—botts.	4	8	12	16	20	24
Oleum menthæ piperitæ, in 20 c. c. g. s. bottle—botts.	5	5	5	5	5	5
Oleum morrhuæ, in 500 c. c. bottle—botts.	6	8	10	12	16	20
Oleum ricini, in 1-liter bottle—botts.	5	10	15	20	25	30
Oleum santali, in 20 c. c. g. s. bottle—botts.	5	5	10	10	15	18
Oleum terebinthinæ, in 1-liter bottle—botts.	4	6	8	10	12	14
Oleum theobromatis, 110 gms., in 125 c. c. w. m. bottle, botts.	2	2	2	2	3	3
Oleum tiglii, in 25 c. c. bottle—botts.	1	1	1	1	1	1
Opii tinctura, in 500 c. c. bottle—botts.	1	2	3	4	5	6
Opii tinctura camphorata, in 500 c. c. bottle—botts.	3	6	8	10	12	14
Opii pulvis, 70 gms., in 125 c. c. w. m. bottle—botts.	1	1	1	2	2	2
Pancreatinum, in 100-gm. bottle—botts.	1	1	1	2	2	2
Pepsinum, 80 gms., in 125 c. c. w. m. bottle—botts.	1	2	3	4	5	6
Peptonizing tablets, 125 in 125 c. c. w. m. bottle—botts.	1	1	1	1	1	1
Petrolatum, 1,500 gms., in 1,900 c. c. tin—tins.	4	6	10	12	14	18
Petrolatum liquidum, in 500 c. c. bottle—botts.	1	2	3	4	5	6
Phenylis salicylas (salol), in 125 c. c. w. m. amber-colored bottle—botts.	1	2	3	3	4	4
Physostigminæ sulphas, 0.0325-mgm. ophthalmic disks, 50 in box—boxes.	1	1	1	1	1	1
Pilocarpinæ hydrochloridum, 8-mgm. hypodermic tablets—tubes.	2	3	4	5	6	7
Pilulæ aloini compositæ, 250 in 25 c. c. bottle—botts.	1	2	4	8	12	15
Pilulæ camphoræ et opii, tablets, 250 in 125 c. c. bottle, botts.	1	1	2	2	3	3
Pilulæ carminativæ, 80 in 25 c. c. bottle—botts.	2	3	5	5	8	8
Pilulæ catharticæ compositæ, tablets, 400 in 125 c. c. bottle, botts.	2	2	3	4	5	6
Plumbi acetas, 170 gms., in 125 c. c. w. m. bottle—botts.	1	2	3	3	4	4
Podophylli resina, 10 gms., in 25 c. c. bottle—botts.	2	3	3	4	5	6
Potassii acetas, 185 gms., in 250 c. c. w. m. bottle—botts.	3	3	5	5	8	8
Potassii arsenitis liquor, in 250 c. c. bottle—botts.	1	1	2	2	3	3
Potassii bicarbonas, 500 gms., in 500 c. c. w. m. bottle—botts.	1	1	2	2	3	3
Potassii bromidum, 500 gms., in 500 c. c. w. m. bottle—botts.	1	2	3	4	5	6
Potassii chloras, pulvis, 600 gms., in 500 c. c. w. m. bottle, botts.	1	2	3	4	5	6
Potassii chloras, 324-mgm. tablets, 250 in 125 c. c. bottle, botts.	2	3	4	5	6	7
Potassii et sodii tartras, pulvis, 1,500 gms., in 1,900 c. c. tin—tins.	1	2	3	4	5	6
Potassii hydroxidum, 25 gms., in 25 c. c. bottle—botts.	1	1	1	2	2	2
Potassii iodidum, 325 gms., in 250 c. c. w. m. bottle—botts.	3	6	8	11	13	15
Potassii permanganas, 125 gms., in 125 c. c. w. m. bottle, botts.	1	1	2	2	3	3
Protargol, 30 gms., in 45 c. c. bottle—botts.	2	2	2	4	4	4
Pruni virginianæ fluidextractum, in 500 c. c. bottle—botts.	1	1	1	2	2	2
Quininæ hydrochlorosulphas, 32-mgm. hypodermic tablets, tubes.	2	2	4	4	6	6
Quininæ sulphas, pulvis, 75 gms., in 250 c. c. w. m. bottle, botts.	3	5	8	12	18	20
Quininæ sulphas, 200-mgm. tablets, 500 in 250 c. c. bottle, botts.	4	7	10	12	15	18
Rhamni purshianæ fluidextractum, in 500 c. c. bottle—botts.	1	2	3	4	5	6
Rhamni purshianæ pilulæ, in 130-mgm. tablets—botts.	2	3	4	5	6	8
Rhei pulvis, 60 gms., in 125 c. c. w. m. bottle—botts.	1	1	2	2	3	3
Saccharum lactis (pulvis), 80 gms., in 125 c. c. w. m. bottle—botts.	1	2	2	3	3	4
Salophen, 60 gms., in 125 c. c. w. m. bottle—botts.	1	1	1	2	2	2
Santoninum, 32-mgm. tablets, 250 in 25 c. c. bottle—botts.	1	1	1	1	1	1
Scillæ syrupus, in 500 c. c. bottle—botts.	2	4	6	8	10	12
Serum antidiphthericum* —botts.						

* To be purchased by the surgeon in amount sufficient for immediate use, if obtainable in vicinity. If not, telegraphic request to chief surgeon should be made. Special report of necessity to be made at once by mail.

MEDICINES—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Sinapis emplastrum, in 4-meter tin, 6-inch---tins.	2	2	4	4	6	8
Sinapis nigra (pulvis), 1,000 gms., in 1,900 c. c. tin---tins.	1	1	1	1	1	1
Sodii bicarbonas, 425 gms., in 500 c. c. w. m. bottle---botts.	5	7	10	12	14	17
Sodii bicarbonas, 65-mgm. tablets, 250 in 25 c. c. bottle, botts.	1	2	3	4	5	6
Sodii bicarbonas et mentha piperita (tablets), 400 in 125 c. c. bottle---botts.	1	2	2	3	3	4
Sodii boras (pulvis), 400 gms., in 500 c. c. w. m. bottle, botts.	2	2	3	3	4	4
Sodii bromidum, 180 gms., in 125 c. c. w. m. bottle---botts.	1	2	2	3	3	4
Sodii carbonas monohydratus, for surgical use, 400 gms., in 500 c. c. w. m. bottle---botts.	2	2	4	4	6	6
Sodii phosphas exsiccatus (pulvis), 100 gms., in 125 c. c. w. m. bottle---botts.	1	2	3	4	6	8
Sodii salicylas, 125 gms., in 250 c. c. w. m. bottle---botts.	8	12	16	20	24	28
Strophanthi tinctura, in 25 c. c. bottle---botts.	2	2	4	4	6	6
Strychninæ sulphas, 1-mgm. hypodermic tablets, 250 in 25 c. c. bottle---botts.	2	2	2	4	4	4
Strychninæ sulphas, 13 gms., in 25 c. c. bottle---botts.	1	1	1	1	1	1
Sulphonethylmethanum (trional), 60 gms., in 125 c. c. w. m. bottle---botts.	1	1	1	2	2	2
Sulphonmethanum (sulphonal), 324-mgm. tablets, 250 in 125 c. c. bottle---botts.	1	1	2	2	3	3
Sulphur lotum, 200 gms., in 250 c. c. w. m. bottle---botts.	1	1	2	2	2	3
Syrupus hypophosphitum compositus, in 500 c. c. bottle, botts.	4	4	4	4	4	4
Thymol, 25 gms., in 25 c. c. bottle---botts.	1	1	1	1	1	1
Tolutanum balsamum, 100 gms., in 125 c. c. w. m. bottle, botts.	1	1	2	3	4	4
Zinci oxidum, 125 gms., in 250 c. c. w. m. bottle---botts.	2	2	2	4	4	4
Zinci sulphas, 250 gms., in 250 c. c. w. m. bottle---botts.	1	1	1	2	2	2
Zingiberis fluidextractum, in 125 c. c. bottle---botts.	2	2	3	4	5	6

449. ANTISEPTICS AND DISINFECTANTS.

Alcohol, methyl, for generation of formaldehyde, in 1-liter bottle---botts.	8	10	16	24	32	40
Antiseptic tablets, 250 in 250 c. c. w. m. bottle---botts.	2	2	3	5	10	12
Chlorinated lime, 600 gms., in 1-liter w. m. bottle---botts.	8	12	17	21	25	30
Cresol, in 500 c. c. bottle---botts.	4	6	10	12	14	16
Formaldehyde solution (40 per cent), in 1-liter bottle-botts.	6	10	15	20	24	24
Mercury, corrosive chloride, 500 gms., in 250 c. c. w. m. bottle---botts.	1	2	3	4	5	6
Phenol, crude, in 1-liter bottle---botts.	6	10	14	18	22	26
Phenol, crystallized, in 250 c. c. bottle---botts.	2	2	6	12	15	18
Quicklime*						
Sulphur, in roll---kilos.	10	15	20	25	30	35

*To be purchased, in exceptional cases, in quantities authorized by the chief surgeon. (Par. 400.)

450. FORMULÆ OF NONOFFICIAL COMPOUND MEDICINAL PREPARATIONS, LISTED IN THE SUPPLY TABLE.

Aloini pilulæ compositæ.

Aloinum---mgms.	8
Podophylli resina---mgms.	8
Belladonnæ fol. ext---mgms.	8
Strychnina---mgms.	0.8
Oleoresina capsici---mgms.	2.7

Ammonii chloridi trochisci.

Ammonii chloridum---mgms.	130
Extractum glycyrrhizæ purum---mgms.	518
Oleum anisi---mgms.	3

Antiseptic.

Hydrargyri chloridum cor---mgms.	500
Ammonii chloridum---mgms.	475

One tablet to ½ liter of water makes a 1-to-1,000 solution.

Copaibæ pilulæ compositæ.

Copaiba---mgms.	100
Guaiacum---mgms.	24
Ferri citras---mgms.	24
Oleoresina cubebæ---mgm.	40

Ferri pilulæ compositæ.

Ferri pyrophosphas---mgms.	65
Quininæ sulphas---mgms.	32
Strychninæ sulphas---mgms.	1

Foot powder.

Acidum salicylicum---parts.	3
Amylum---parts.	10
Talcum pulvis---parts.	87

FORMULÆ OF NONOFFICIAL COMPOUND MEDICINAL PREPARATIONS—Continued.

Hyoscyami pilulæ compositæ.

Extractum hyoscyami—mgms.	65
Camphora—mgms.	65
Oleoresina capsici—mgms.	3
Morphinæ acetas—mgms.	3

Linimentum rubefaciens.

Camphora—mgms.	250
Capsicum—mgms.	250
Ext. belladonnæ fol—mgms.	250

Dissolve two tablets in 30 c. c. of alcohol.

Mistura glycyrrhizæ composita.

Extractum glycyrrhizæ—mgms.	6
Camphora—mgms.	2.5
Acidum benzoicum—mgms.	2.5
Opium—mgms.	2.5
Antimonii et pot. tartras—mgms.	1
Oleum anisi—mgms.	2.5

Each tablet is the practical equivalent of 4 c. c. of Brown mixture.

Normal saline solution.

Sodii chloridum, c. p.—gms.	0.66
Sodii carbonas monohydratus, c. p.—gms.	0.1

Nine tablets to a liter make a 0.6 per cent solution of sodium chlorid.

Peptonizing tablets.

Pancreatinum—mgms.	162
Sodii bicarbonas—mgms.	487.5

One tablet peptonizes 250 c. c. of milk.

Pilulæ camphoræ et opii.

Camphora—mgms.	130
Opium—mgms.	65

Pilulæ carminativæ.

Morphinæ sulphas—mgms.	0.8
Camphora—mgms.	16
Extractum rhei—mgms.	32
Sodii carbonas monohydratus—mgms.	100
Oleoresina capsici—mgms.	2.7
Oleum menthæ pip—mgms.	5

Sodii bicarb. et mentha pip.

Sodii bicarbonas—mgms.	258
Ammonii carbonas—mgms.	16
Oleum menthæ piperitæ—mgms.	5

451. BOTTLES AND JARS CONTAINED IN DISPENSING SET.

Tincture bottles.

1 liter—no.	11
500 c. c—no.	9
250 c. c—no.	21
125 c. c—no.	6
60 c. c—no.	18

Tincture bottles, amber-colored.

125 c. c—no.	2

Steeple-top jars.

250 gm—no.	10

Salt mouth bottles.

500 gm—no.	9
250 gm—no.	28
125 gm—no.	22
60 gm—no.	23

Salt mouth bottles, amber-colored.

60 gm—no.	4
Total bottles—no.	153
Total jars—no.	10

452. HOSPITAL STORES.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Brandy, in 1-liter bottle—botts.	2	4	6	8	10	12
Sherry wine, in 1-liter bottle—botts.	2	4	6	8	10	12
Sugar, white, in 6-kilo can—cans.	2	4	6	8	10	12
Whisky, in 1-liter bottle—botts.	6	8	12	16	20	24

453. STATIONERY.

Baskets, letter—no.	2	2	2	2	2	2
Baskets, waste paper—no.	2	2	2	2	2	2
Blank books, cap, 4-quire—no.	2	3	4	6	8	10
Blank books, 8vo, 4-quire—no.	1	2	3	5	7	9
Blotters, hand—no.	2	2	2	2	2	2
Cups, sponge—no.	2	2	2	2	2	2
Elastic bands, assorted—gross.	2	2	2	3	4	5
Envelopes, official, large—no.	200	200	200	300	300	300
Envelopes, official, letter—no.	600	600	800	800	1,000	1,000
Envelopes, official, note—no.	100	100	150	150	200	200
Erasers, rubber—pieces.	2	2	3	3	4	4
Erasers, steel—no.	2	2	2	2	2	2
Ink, writing, in 1-liter bottle—botts.	2	2	3	3	4	4

STATIONERY—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Ink, carmine, in 30 c. c. bottle—botts.	2	2	3	3	4	4
Inkstands—no.	3	3	3	4	4	4
Mucilage—botts.	2	4	6	10	12	14
Pads, prescription—no.	12	24	36	48	60	72
Pads, letter—no.	8	10	12	14	16	20
Paper, blotting—qrs.	2	2	3	3	4	4
Paper cutters—no.	2	2	2	2	2	2
Paper fasteners—boxes.	1	1	1	2	2	2
Paper weights—no.	2	2	2	2	2	2
Paper, writing, legal cap—qrs.	6	6	12	12	18	24
Paper, writing letter—qrs.	10	14	18	22	26	30
Paper, writing, letter, typewriter—qrs.	12	16	20	30	40	50
Paper, writing, note—qrs.	6	6	6	12	12	12
Pencils, lead—no.	18	18	24	24	36	36
Penholders—no.	8	8	10	10	12	12
Penracks—no.	3	3	3	3	3	3
Pens, steel—no.	100	150	200	200	300	300
Ribbons, copying, for typewriter, as required*—						
Ribbons, record, for typewriter, as required*—						
Rulers—no.	2	2	2	2	2	2
Stamp, penalty, rubber, with ink pad—no.	1	1	1	1	1	1
Typewriter, with accessories—no.	1	1	1	1	1	1

* Supplied on the order of the chief surgeon. One for each machine only at a time should be asked for. The kind of ribbon and of machine should be stated in the request.

454. FURNITURE, BEDDING, AND CLOTHING.

Basins, wash, delf, for office—no.	1	1	1	1	1	1
Basins, wash, hand, agate ware—no.	6	6	6	10	10	10
Bed cradle—no.	1	1	2	2	3	3
Bedsteads, white enamel, as per standard—no.	6	12	18	24	30	48
Blankets, white—no.	24	48	72	96	120	192
Bookcases, as required—no.						
Cabinet for blanks—no.	1	1	1	1	1	1
Chairs, arm—no.	2	4	6	8	10	12
Chairs, common—no.	10	15	20	25	30	40
Chairs, invalid, rolling—no.	1	1	1	2	2	2
Chairs, office, revolving—no.	1	1	1	2	2	2
Chairs, rocking—no.	2	3	4	5	6	8
*Clocks**—no.	3	3	3	4	4	6
Close stools—no.	1	1	2	2	3	4
Cups, spit, enamel ware—no.	6	12	18	24	30	48
Cups, spit, paper, as required—no.						
Cuspidors—no.	2	2	3	3	4	4
Desks, office—no.	1	1	1	2	2	2
Desks, office, cloth or rubber duck top for, as required—						
Dish, soap, with cover, for office—no.	1	1	1	1	1	1
Lamps, hand—no.	2	2	2	3	3	3
Lamps, stand—no.	2	2	2	3	3	3
Linoleum, as required—meters.						
Looking-glasses—no.	4	4	6	6	8	8
Mats, door, manila—no.	4	4	6	6	8	8
Mats, door, woven wire—no.	3	3	4	4	5	8
Matting, rubber, as required—no.						
Mattress covers—no.	9	18	27	36	45	72
Mattresses, hair, in three equal parts—no.	8	15	22	28	34	54
Mosquito bars, as required—no.						
Oilcloth, for table—no.	6	6	12	12	18	18
Pillows, feather—no.	6	6	6	12	12	12
Pillows, hair—no.	12	24	36	48	60	96
Pillowcases, cotton—no.	24	48	72	96	120	192
Pitcher, delf, for office—no.	1	1	1	1	1	1
Quilts, white—no.	9	18	27	36	48	72
Refrigerators—no.	1	1	1	2	2	2
Safe, iron—no.	1	1	1	1	1	1
Screens, bed, folding, frames for, wrought iron, white enamel—no.	2	2	2	4	4	6
Sheets, cotton—no.	50	100	150	200	250	400
Shirts, cotton—no.	24	48	72	96	120	192
Slippers—pairs.	6	12	18	24	30	48
Suits, convalescent—no.	12	24	30	48	60	96
Tablecloths, linen—meters.	15	15	20	25	30	35
Tables, bedside, iron, glass top, white enamel—no.	6	12	18	24	30	48
Tables, dining, extension, as required—no.						

* Clocks will be issued on the basis of one for each ward, one for kitchen, and one for dispensary.

FURNITURE, BEDDING, AND CLOTHING—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Towels, bath ——doz	2	3	4	5	6	7
Towels, dish ——doz	2	3	4	5	6	7
Towels, hand ——doz	8	14	20	25	30	40
Tubs, bath, portable, on wheels ——no	1	1	1	1	1	1
Tubs, foot ——no	1	1	1	1	2	2
Window curtains, as required ——no						
Window-curtain fixtures, as required ——no						

455. MISCELLANEOUS.

Bags, rubber, hot water ——no	1	2	3	3	4	4
Bags, rubber, ice, for head ——no	1	1	2	2	3	3
Bath bricks ——no	2	2	4	4	6	6
Bed pans, agate ware ——no	3	3	5	6	8	10
Bell, call ——no	1	1	1	1	1	1
Blowers for insect powder ——no	1	1	1	1	2	2
Boiler, tin, copper bottom ——no	1	1	1	1	1	1
Boilers, double, for cooking ——no	1	1	1	1	2	2
Bowl for chopping ——no	1	1	1	1	1	1
Bowls, soup, delf ——no	18	24	36	48	60	72
Bowls, sugar, with lid ——no	2	2	4	4	6	6
Boxes ointment, impervious ——doz	12	15	20	30	40	50
Boxes, pill ——doz	20	40	60	80	100	120
Boxes, powder ——doz	18	18	24	40	50	60
Brooms ——no	12	12	18	24	36	40
Brooms, whisk ——no	2	2	2	2	2	2
Brushes, dust ——no	2	3	4	5	6	7
Brushes, scrubbing ——no	12	12	18	18	24	24
Brushes, weighted, for polishing floors ——no	1	1	1	2	2	2
Brushes, stove-blacking ——no	2	2	2	4	4	4
Buckets, covered, 7-liter ——no	2	2	4	4	5	6
Buckets, fiber ——no	4	6	8	10	12	15
Buckets, fire, galvanized iron ——no	12	12	18	18	24	24
*Burner, Bunsen's** ——no	1	1	1	1	1	1
Can openers ——no	2	2	3	3	4	4
Candlesticks, enameled ware ——no	2	2	4	4	6	6
Cans, milk, 9-liter ——no	1	1	2	2	2	3
Capsules, gelatin, 100 in box, 4 sizes ——boxes	20	24	32	40	48	60
Chamois skin ——no	4	4	6	6	8	8
Cleaver ——no	1	1	1	1	1	1
Clothes bags ——no	2	2	2	3	4	4
Clothesline, manila ——meters	60	60	60	90	90	90
Colanders ——no	1	1	1	2	2	2
Cork borers, set of six ——set	1	1	1	1	1	1
Cork extractor ——no	1	1	1	1	1	1
Cork presser ——no	1	1	1	1	1	1
Corks, assorted, in bags of 24 dozen ——doz	48	72	144	216	288	360
Corks, large, No. 10 ——doz	2	2	3	4	5	6
Corkscrews ——no	2	2	2	3	3	3
Cruets, vinegar and oil ——no	2	2	4	4	4	4
Crutches ——pairs	4	4	6	6	8	8
Crutches, rubber tips for ——no	4	8	12	18	24	30
Cups ——no	9	15	30	40	42	54
Cups, feeding ——no	2	4	6	8	10	12
Cushions, rubber, small ——no	2	2	2	3	3	3
Cushions, rubber, with open center ——no	1	1	1	2	2	2
Dippers ——no	3	3	4	4	5	5
Dish covers, wire netting, assorted ——no	6	6	9	9	12	12
Dishes, meat, assorted ——no	4	4	6	8	10	12
Dishes, vegetable, with cover ——no	4	4	6	8	10	12
Dispensing set ——set	1	1	1	1	1	1
Dispensing set, labels for, paper ——set	1	1	1	1	1	1
Drawer pulls, with labels, as required ——no						
Egg beater ——no	1	1	1	2	2	2
Envelopes for tablets, 5 by 6 cm ——doz	30	40	45	50	60	70
Eye shades ——no	2	2	3	3	4	4
Fans ——no	6	6	9	9	12	12
Fire extinguishers ——no	1	1	1	2	2	2
Floor dressing, ingredients for, as required† ———						
Forks, carving ——no	2	2	2	3	3	4
Forks, flesh ——no	1	1	1	2	2	2
Forks, table, common ——no	6	6	6	12	12	12
Forks, table, silver-plated ——no	24	36	48	56	72	72

* Will not be issued to posts that have no gas supply.

† The floor dressing ordinarily used in the Medical Department is made by dissolving 2 pounds of beeswax and ½ pound of paraffin in 1 gallon of turpentine.

MISCELLANEOUS—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Funnels, glass, 250 c. c., 500 c. c., and 1-liter—no.	3	3	3	6	6	6
Freezer, ice cream, as required—no.						
Glue, liquid, in small commercial tins—tins.	1	1	1	2	2	2
Graters, large—no.	1	1	1	2	2	2
Graters, small—no.	1	1	1	2	2	2
Gravy boats—no.	2	2	4	4	5	6
Gridiron—no.	1	1	2	2	2	2
Grindstone, complete, 25-cm., kitchen—no.	1	1	1	1	1	1
Hand grenades—no.	12	18	24	36	48	48
Hone—no.	1	1	1	2	2	2
Hose, canvas, *2.5-cm., in 15-meter lengths*—meters.	30	30	30	60	60	60
Hose nozzles, plain, and spray—no.	2	2	2	2	2	2
Hose, reel cart for—no.	1	1	1	1	1	1
Insect powder—kilos.	2	2	4	4	6	6
Kettles, tea—no.	2	2	2	3	3	3
Knives, bread—no.	1	1	1	2	2	2
Knives, butcher's—no.	1	1	1	2	2	2
Knives, carving—no.	2	2	2	3	3	4
Knives, chopping—no.	1	1	1	1	1	1
Knives, table, common—no.	6	6	6	12	12	12
Knives, table, silver-plated—no.	24	36	48	56	72	72
Labels for vials—gross.	3	6	9	12	18	24
Ladder, step—no.	1	1	1	1	1	1
Ladles—no.	2	2	2	3	3	3
Lamp chimneys, as required*—no.						
Lamp shades, as required—no.						
Lamps, spirit, glass—no.	2	2	2	4	4	4
Lampwicks, as required*—no.						
Lantern glasses, extra, as required—no.						
Lantern wicks, as required—no.						
Lanterns—no.	2	2	2	3	3	3
Lawn mower—no.	1	1	1	1	1	1
Litters, with slings—no.	2	2	3	3	4	5
Litters, extra parts for, as required—no.						
Lye, concentrated, in 500-gm. can—cans.	9	12	15	18	21	24
Measures, metal, 500 c. c., 1-liter, 2-liter, and 4-liter—set.	1	1	1	1	1	1
Measures, glass, graduated, 100 c. c—no.	2	2	2	3	3	3
Measures, glass, graduated, 250 c. c—no.	2	2	2	3	3	3
Measures, glass, graduated, 500 c. c—no.	2	2	2	2	2	3
Meat cutter—no.	1	1	1	1	1	1
Medicine droppers—no.	24	24	48	48	72	96
Medicine glasses—no.	4	4	6	8	10	12
Mills, coffee—no.	1	1	1	2	2	2
Mop handles—no.	4	6	8	8	10	10
Mortar and pestle, glass, 10-cm—no.	1	1	1	1	1	1
Mortar and pestle, Wedgwood, 8-cm—no.	1	1	1	1	2	2
Mortar and pestle, Wedgwood, 20-cm—no.	1	1	2	2	3	3
Mortar and pestle, Wedgwood, 30-cm—no.	1	1	1	1	1	1
Naphthalin—kilos.	3	5	7	9	11	13
Needle, sailmaker's—no.	1	1	1	1	1	1
Needle, upholsterer's—no.	1	1	1	1	1	1
Needles, common, assorted—papers.	3	3	3	6	6	6
Oil can with pump, 22-liter—no.	1	1	1	1	1	1
Pails, milk, with strainer—no.	1	1	1	2	2	2
Pans, dish—no.	2	2	2	3	3	3
Pans, dust—no.	2	2	3	3	4	4
Pans, frying—no.	1	1	2	2	3	3
Pans, milk—no.	6	6	8	8	10	10
Pans, muffin—no.	2	2	3	3	4	4
Pans, sauce—no.	2	2	2	3	3	3
Paper, filtering, round, 25-cm—pkgs.	3	3	4	4	5	6
Paper, litmus, blue and red, of each—sheets.	2	2	3	3	4	4
Paper, tarred, in 30-meter rolls, as required—rolls.						
Paper, toilet—pkgs.	40	70	120	180	250	300
Paper, wrapping, blue and white, of each—qrs.	2	4	6	8	10	12
Paper, wrapping, brown—qrs.	1	2	3	4	5	6
Pencils, hair, 1 dozen in vial—doz.	2	4	6	8	10	12
Pepper boxes—no.	2	2	4	4	4	4
Percolators, glass—no.	1	1	1	2	2	2
Pickle dishes—no.	2	2	4	4	5	6
Pill machine—no.	1	1	1	1	1	1
Pill tile, 12 by 25 cm—no.	1	1	1	1	1	1
Pipettes, graduated, 5 c. c—no.	2	2	2	3	3	3
Pitchers, delf, 4-liter—no.	2	2	2	4	4	4
Pitchers, delf, 500 c. c—no.	2	4	4	6	8	10
Pitchers, sirup, glass—no.	2	2	3	3	4	4
Plates, dinner—no.	18	24	36	48	60	72
Potato masher—no.	1	1	1	1	1	1

* State kind of lamps for which chimneys and wicks are desired.

MISCELLANEOUS—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Pots, coffee, agate ware or tin—no.	2	2	2	3	3	3
Pots, mustard, with wooden spoon—no.	1	1	2	2	2	2
Pots, tea, agate ware or tin—no.	2	2	2	3	3	3
Pot, watering—no.	1	1	1	1	1	1
Prescription file—no.	1	1	1	1	1	1
Racks for urinals and bed pans, as required, one for each ward—no.	1	1	1	1	1	1
Retort stand—no.	1	1	1	1	1	1
Rods, glass, 7 mms. thick, in 15, 20, and 30 cm. lengths, assorted—gms.	250	250	250	500	500	500
Rolling-pin—no.	1	1	1	1	1	1
Saltcellars, glass—no.	8	8	10	10	12	15
Saucers—no.	18	24	36	48	60	72
Saw, butcher's—no.	1	1	1	1	1	1
Scales and weights, apothecary's, metric system—no.	1	1	1	1	1	1
Scales and weights, balance in glass case, metric system—no.	1	1	1	1	1	1
Scales and weights, grocer's—no.	1	1	1	1	1	1
Scales and weights, platform—no.	1	1	1	1	1	1
Scoops—no.	2	2	2	3	3	3
Settees, for porch or hall, as required—no.						
Shears—no.	2	2	2	3	3	3
Sickle—no.	1	1	1	1	1	1
Sieves, flour—no.	1	1	1	2	2	2
Skimmers—no.	1	1	1	2	2	2
Soap, common—kilos.	15	20	30	40	50	60
Soap, Ivory—kilos.	6	8	10	12	14	16
Soap, scouring—kilos.	15	20	30	40	50	60
Spatulas, 15-cm—no.	1	1	2	2	2	2
Spatulas, 7-cm—no.	1	1	2	2	2	2
Spoons, basting, agate ware or tinned iron—no.	2	2	2	2	3	3
Spoons, table, common—no.	6	6	6	12	12	12
Spoons, table, silver-plated—no.	18	24	36	48	56	72
Spoons, tea, common—no.	6	6	6	12	12	12
Spoons, tea, silver-plated—no.	18	24	36	48	56	72
Stamp, with outfit for marking hospital clothing—no.	1	1	1	1	1	1
Steels—no.	1	1	1	1	2	2
Stove, coal-oil, blue flame or Primus, as required—no.						
Stove blacking—papers.	6	10	10	20	20	25
Suppository mold, set—no.	1	1	1	1	1	1
Syringes, penis, glass, in case—no.	30	50	75	100	125	150
Syringes, rubber, bulb—no.	1	2	2	3	3	4
Syringes, rubber, fountain—no.	2	2	4	4	6	6
Tablet machine, with 200 and 32¼ mgm. dies—no.	1	1	1	1	1	1
Talcum—kilos.	2	2	3	3	4	4
Tape, cotton—pieces.	2	2	3	3	4	5
Tape measure, linen, centimeter and inch, 5 feet—no.	1	1	1	2	2	2
Test tubes—no.	12	12	18	18	24	24
Test tubes, stand for—no.	1	1	1	2	2	2
Thermometers—no.	2	3	4	5	6	7
Thread, cotton, assorted—spools.	2	2	3	3	4	4
Thread, linen, unbleached—gms.	10	20	30	40	50	60
Tools, chest of (par. 486)—no.	1	1	1	1	1	1
Traps, mouse—no.	2	2	2	3	3	3
Traps, rat—no.	1	1	1	2	2	2
Trays, butler's—no.	1	1	2	3	4	5
Trays, bed, with legs—no.	3	6	12	16	16	24
Trimmer, lamp—no.	1	1	1	1	1	1
Trowel, garden—no.	1	1	1	1	1	1
Tubing, glass, assorted—kilos.	½	½	½	1	1	1
Tubing, rubber, size as required—meters.	2	2	3	3	4	4
Tubs, wash, as required—no.						
Tumblers, glass—no.	24	36	36	50	60	84
Twine, fine and coarse—kilos.	1	1	2	2	3	3
Twine boxes—no.	1	1	1	2	2	2
Urinals, glass, graduated—no.	3	4	6	8	10	12
Urinometers—no.	1	1	1	2	2	2
Vials, 50 in box, two 180 c. c., six 120 c. c., twenty-four 60 c. c., fifteen 30 c. c., three 15 c. c—boxes.	15	20	30	40	50	60
Vials, 4 c. c—doz.	2	3	4	5	6	7
Water coolers—no.	2	2	2	3	3	3

456. FURNITURE AND APPLIANCES FOR OPERATING ROOM.

Basins for sponges, etc., enamel ware—no.	4	4	4	4	4	4
Basins, wash, enamel ware—no.	2	2	2	3	3	3
Bottles, 4-liter, for antiseptic solutions—no.	6	6	6	6	6	6

FURNITURE AND APPLIANCES FOR OPERATING ROOM—Continued.

Articles.	A lowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Cabinet for dressings and instruments—no.	1	1	1	1	1	2
Cots, finger, rubber—doz.	1	1	1	2	2	2
Dishes, Petri's, for needles, etc—no.	2	2	2	2	2	2
Flasks, Erlenmeyer's, 2-liter, for antiseptic solutions—no.	6	6	6	6	6	6
Gloves, rubber, sizes and number as required—pairs.						
Instrument boiler—no.	1	1	1	1	1	2
Irrigator, glass, graduated, 2-liter—no.	1	1	1	2	2	2
Jars, large, for dressings, etc—no.	4	4	4	6	6	6
Jars, small, covered, for ligatures, etc—no.	2	2	2	3	3	3
Operating gowns for surgeons and assistants—no.	4	4	6	6	8	8
Operating table—no.	1	1	1	1	1	2
Pails, enamel ware—no.	2	2	2	3	3	3
Pitchers, enamel ware—no.	2	2	2	3	3	3
Spools, Halstead's, glass—no.	12	12	12	12	12	12
Sterilizer for dressings—no.	1	1	1	1	1	2
Stool, revolving, white enamel—no.	1	1	1	2	2	2
Surgical cushions, Kelly's—no.	2	2	2	2	3	3
Table for instruments—no.	1	1	1	2	2	2
Test tubes, 1 by 12 inches—doz.	1	1	2	2	3	3
Trays for instruments, enamel ware—no.	2	2	2	3	3	3

457. INSTRUMENTS, APPLIANCES, AND DRESSINGS.

Apparatus, compressed air (par. 485)—no.	1	1	1	1	1	1
*Apparatus, electric** —no.	1	1	1	1	1	1
Apparatus, restraint (par. 484)—no.	1	1	1	1	1	1
Apparatus, X-ray, as required—no.						
Applicator for throat—no.	2	2	2	3	3	4
Atomizers, hand—no.	4	4	6	6	8	8
Bacteriological set, as per list (par. 479)—no.						
Bag, obstetrical (par. 469)—no.	1	1	1	1	1	1
Bandages, flannel, 3-in. roller—doz.	1	1	2	2	3	3
Bandages, gauze, roller, assorted, in boxes of 6 dozen—boxes.	7	9	12	16	18	24
Bandages, rubber (Martin's), 4 meters by 63 mm—no.	1	1	1	2	2	2
Bandages, suspensory—no.	8	12	16	20	30	40
Bandage winder—no.	1	1	1	1	1	1
Bougies, flexible, as required—no.						
Boxes, fracture, folding—no.	1	1	1	2	2	2
Brushes, hand, scrub, fiber—no.	6	8	12	18	24	30
Case, aspirating (par. 470)—no.	1	1	1	1	1	1
Case, dental, post, small (par. 481)—no.	1	1	1	1	1	1
Case, emergency (par. 475)—no.	1	1	2	2	3	3
Case, ear, nose, and throat (par. 464)—no.	1	1	1	1	1	1
Case, eye (par. 465)—no.	1	1	1	1	1	1
Case, forceps, hæmostatic, 12 in set (par. 462)—no.	1	1	1	1	1	1
Case, general operating (par. 460)—no.	1	1	1	1	1	1
Case genito-urinary (par. 463)—no.	1	1	1	1	1	1
Case, gynecological (par. 468)—no.	1	1	1	1	1	1
Case, pocket (par. 461)—no.	1	1	2	2	2	3
Case, post mortem (par. 476)—no.	1	1	1	1	1	1
Case, tooth-extracting (par. 482)—no.	1	1	1	1	1	1
Case, trial lenses (par. 466)—no.	1	1	1	1	1	1
Catheters, flexible, as required†—no.						
Charts, anatomical, in case—set.	1	1	1	1	1	1
Chemical set, as required (par. 480)—set.						
Cotton, absorbent—kilos.	6	10	15	20	25	30
Cotton bats—kilos.	2	3	4	6	8	9
Curettes, as required—no.						
Cutting pliers, for fixed bandages—no.	1	1	1	1	1	1
First-aid packets, to be held in reserve for field service—no.	100	175	350	500	650	800
Forceps, needle—no.	1	1	1	1	1	1
Formaldehyde generator—no.	1	1	1	1	1	1
Gauze, iodoform, in ½-meter packets—meters.	6	8	10	15	20	25
Gauze, plain—meters.	200	300	400	700	1,000	1,500
Hæmocytometer—no.	1	1	1	1	1	1
Hæmoglobin scale, Tallquist's—no.	1	1	1	2	2	2
Hæmoglobinometer, Dare's—no.	1	1	1	1	1	1
Inflator, Politzer's—no.	1	1	1	1	1	1
Inhaler and vaporizer (par. 483)—no.	1	1	1	1	1	1
Inhaler, chloroform, with drop bottle—no.	1	1	1	1	1	1
Inhaler, ether—no.	1	1	1	1	1	1
Lavage tube, rectum—no.	1	1	1	2	2	2
Lavage tube, stomach—no.	1	1	1	2	2	2

* Sulphuric acid, sulphate of copper, and bichromate of potash, in 500-gm. bottles, and metallic mercury, in 125-gm. bottles, will be issued as required for battery use.

† The French scale will be used in giving the sizes of catheters required.

INSTRUMENTS, APPLIANCES, AND DRESSINGS—Continued.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Ligature, catgut, sterilized, 3 sizes, in package, 1 meter each ——pkgs.	5	6	9	10	12	15
Ligature, horse hair, coils of 100——coils.	2	2	4	4	6	6
Ligature, kangaroo tendon, packages of 50——pkgs.	2	2	4	4	6	6
Ligature, silk, braided, assorted sizes——gms.	5	5	10	10	15	15
Ligature, silkworm gut, in coils of 50——coils.	2	2	4	4	6	6
Microscope (par. 477)——no.	1	1	1	1	1	1
Microscopical accessories, outfit of (par. 478)——no.	1	1	1	1	1	1
Muslin, unbleached——meters.	10	10	15	20	25	30
Needles, surgical, assorted, as required——no.						
Needles, surgical (Hagedorn's), 20 in set——sets.	1	1	1	2	2	2
Ophthalmoscope——no.	1	1	1	1	1	1
Paper, oiled, in 5-meter rolls——rolls.	1	2	3	4	5	6
Pins, common, assorted——papers.	4	6	8	10	12	15
Pins, safety, 3 sizes——doz.	9	9	18	18	24	30
Plaster, adhesive, 30 cms. wide, in 2½-meter rolls——meters.	20	25	30	40	50	60
Plaster, isinglass, in 1-meter rolls——meters.	2	2	3	3	4	4
Plaster of paris——kilos.	4	4	6	10	12	14
Pouches, Hospital Corps, as required (par. 617)——no.						
Pouches, orderly, as required (par. 618)——no.						
Pus basins——no.	1	2	3	4	4	4
Razors——no.	1	1	1	2	2	2
Razor strop——no.	1	1	1	2	2	2
Rubber sheeting, or linite——meters.	4	4	6	12	16	20
Shaving brushes——no.	1	1	1	2	2	2
Silk, oiled, in 5-meter rolls——rolls.	1	2	3	4	5	6
Soap, green, in 500-gm. jars——jars.	2	4	6	12	18	24
Speculum, rectal——no.	1	1	1	1	1	1
Splints, felt for——pieces.	4	6	8	8	10	10
Sponge holders——no.	2	2	2	4	4	4
Sprinklers, iodoform, h. r——no.	1	1	1	2	2	2
Stenta-book, in 5-meter pieces——meters.	5	10	10	15	20	25
Stethoscope, double——no.	1	1	2	2	2	2
Syringes, hypodermic (par. 474)——no.	2	2	2	4	4	4
Thermo-cautery (Paquelin's) (par 471)*——no.	1	1	1	1	1	1
Thermometers, clinical†——no.	4	8	12	16	20	24
Tongue depressors——no.	2	2	2	3	3	4
Tourniquet and bandage, rubber——no.	1	1	1	2	2	2
Trusses, single——no.	2	3	4	6	6	8
Trusses, double——no.	1	1	1	2	2	2
Tubes, drainage, Nos. 1, 2, and 3 of each, meters——no.	1	1	1	2	2	2
Vision test set (par. 467)——no.	1	1	1	1	1	1
Wire, suture, silver, in meters——meters.	1	1	1	2	2	2

* Benzine, of a specific gravity not greater than 0.724, in 1-liter bottles, will be issued as required for use with this cautery.

† Clinical thermometers may be issued from medical supply depots on request by information slip, approved by the chief surgeon of the department. Chief surgeons will see that there is no unnecessary expenditure and that the thermometers are not issued in unnecessary quantities.

458. Certain articles and materials used by the Medical Department are obtained from the Quartermaster's Department; the following list is appended to show the general character of these supplies:

Agricultural and stable implements.
Ambulances, wagons, draft animals, and other means of transportation.
Ambulance and wagon harness, paulins, whips, horse blankets, etc.
Axes, hatchets, helves, wood saws.
Bedsteads, bedding, box lockers, etc., for Hospital Corps.
Clothing, etc., for Hospital Corps and patients.
Cooking utensils.
Flags and guidons (see A. R. 221, 1904).
Forage, bedding, and medicines for animals.
Fuel.
Handcarts.
Horses, mounts for Hospital Corps.
Ladders.
Lamps, gas fixtures, etc.
Oil, illuminating.
Screens, wire gauze, for doors and windows.
Stoves, ranges, pipe and fixtures.
Tentage, tent pins, *mauls, etc.*
Wheelbarrows.

459. The issue of two rifles to each military post for bearer drill is authorized.

Upon requistion of the surgeon (through military channels) duly approved by the Surgeon General, the Ordnance Department will issue a shotgun, with necessary appendages and ammunition, for the use of the members of the Hospital Corps.

The reloading outfit of the shotgun consists of the following (expendable articles may be replaced by annual requisition upon the chief ordnance officer of the department):

Brush wiper	no. 1	*Drift*	no. 1
Canister, tin, for powder, 2-lb	no. 1	*Funnel*	no. 1
Canister, tin, for powder, 5-lb	no. 1	Gun wads, No. 18, pink edge	no. 2,000
Cartridge primers	no. 1,000	*Packing box*	no. 1
Cartridge shells, 20-gauge	no. 50	Powder, musket	lbs. 7
Charger, adjustable	no. 1	*Priming tool, Frankford*	no. 1
Cotton cloth	yd. 1	Shot, No. 8	lbs. 50
Cotton waste	lbs. 1¼		

The following paragraphs to 486, inclusive, enumerate the contents of cases, chests, etc.:

460. CONTENTS OF GENERAL OPERATING CASE.

(In mahogany case, with leather pouch and strap.)

Bistoury, curved, probe-pointed	no. 1	Ligature, horsehair, 100 strands in coil,	coil. 1
Bistoury, curved, sharp-pointed	no. 1	Ligature, silk, Nos. 4, 8, 12	gms. 1
Bistoury, straight, sharp-pointed	no. 1	*Mallet, Forwood's*	no. 1
Bougies filiform	no. 2	*Needle, aneurism*	no. 1
Box, ligature, with 3 spools	no. 1	*Needle, automatic, Reverdin's*	no. 1
Buttons, Murphy's, 3 in set	set. 1	*Needle holder, McBurney's*	no. 1
Canula, silver, Bellocq's	no. 1	*Needles, artery, blunt, right and left*	no. 2
Catheters, silver, Nos. 18 and 20 (French) scale	no. 2	*Needles, case for*	no. 1
Catheter staff, tunneled, Gouley's	no. 1	Needles, curved, assorted, gold-plated	no. 12
Catlin, medium, 5-inch blade	no. 1	Needles, straight, round, gold-plated	no. 6
Chisel	no. 1	Needles, straight, triangular, gold-plated	no. 6
Clamps, intestinal, McLauren's	no. 2	*Periosteotome, light, Sayre's*	no. 1
Depressor, tongue, wire, folding	no. 1	*Pins, Wyeth's*	no. 2
Director, grooved, medium	no. 1	*Probe, double, 8 inches long, silver*	no. 1
Drills, bone, in handle, set of 3	set. 1	*Probe, hard rubber, Fluhrer's*	no. 1
Ear hook and spoon, Gross'	no. 1	*Razor, hard-rubber handle*	no. 1
Eye spud, Dix's	no. 1	*Retractors, double ends, nested*	no. 2
Forceps, bone-cutting, flat-blade, Liston's,	no. 1	*Rongeur, medium, Keen's*	no. 1
Forceps, clamp, Keen's	no. 1	*Saw, amputating, 2 blades, Little's*	no. 1
Forceps, clamp, Kelly's	no. 1	*Saw, metacarpal*	no. 1
Forceps, delicate, spring	no. 1	*Saw, wire, set of 3, with handles*	set. 1
Forceps, dressing and ballet, Forwood's	no. 1	*Scalpels, assorted*	no. 4
Forceps, hæmostatic, curved	no. 3	*Scissors, angular, blunt point*	no. 1
Forceps, hæmostatic, Jones', 2-inch bite,	no. 1	*Scissors, curved on flat, Wyeth's*	no. 1
Forceps, hæmostatic, Pean's	no. 3	*Scissors, heavy, blunt*	no. 1
Forceps, hæmostatic, Wyeth's	no. 1	*Scoop, Wyeth's*	no. 1
Forceps, rongeur and bone holding, Forwood's	no. 1	Silk-worn gut, coil	no. 1
Forceps, mouse tooth, with teeth	no. 2	*Specula, ear, set of 3, silver-plated*	set. 1
Forceps, T-shaped, Pratt's	no. 1	*Sponge holders, 1 Sim's and 1 regular*	no. 2
Gag, mouth, French's	no. 1	*Syringe, aspirating, with 3 points*	no. 1
Gouge	no. 1	*Trephine, ½-inch, Galt's*	no. 1
Guide, filiform, Gouley's	no. 1	*Trocar and canula*, set of 4, silver, in metal box	no. 1
Knife, amputating, large, 7-inch blade	no. 1	*Tube, tracheotomy, silver*	no. 1
		Wire, silver, Nos. 21 and 24	cms. 500

(*b*) In cases recently purchased from Truax, Green & Co., the contents have been somewhat modified. This modified case is marked 259 B on plate on outside of lid, and its contents are as follows:

Bistoury, curved, probe-pointed	no.	1	Ligature, horsehair, 100 strands in coil,	coil	1
Bistoury, curved, sharp-pointed	no.	1	Ligature, silk, Nos. 4, 8, 12, cards, of each,	no.	1
Bistoury, straight, sharp-pointed	no.	1	*Mallet, Forwood's*	no.	1
Bougies, filiform	no.	1	*Needle, aneurism*	no.	1
Box, ligature, with 3 spools	no.	1	*Needles, artery, blunt, right and left*	no.	2
Buttons, Murphy's, 3 in set	set.	1	*Needle, open-eyed, Robinson's*	no.	1
Catheter, silver, No. 18, French scale	no.	1	*Needle, helical*	no.	1
Catheter staff, tunneled, Gouley's	no.	1	*Needle holder, Truax's*	no.	1
Chisel	no.	1	*Needles, case for*	no.	1
Clamps, intestinal, Murphy's	no.	2	Needles, curved, assorted, gold-plated	no.	12
Depressor, tongue, wire, folding	no.	1	Needles, straight, round, gold-plated	no.	6
Director, grooved, medium	no.	1	Needles, straight, triangular, gold-plated,	no.	6
Drills, bone, in handle, set of 3	set.	1	*Pins, Wyeth's*	no.	2
Earhook and spoon, Gross's	no.	1	*Probe, double, 8-inch, silver*	no.	1
Elevator and raspatory	no.	1	*Probe, aluminum*	no.	1
Eye spud, Dix's	no.	1	*Razor, metal handle*	no.	1
Forceps, bone-cutting, flat blade, Liston's	no.	1	*Retractors, double ends, nested*	no.	2
Forceps, bullet, long, Senn's	no.	1	*Rongeur, DeVilbis's, with extra blade*	no.	1
Forceps, clamp, Keen's	no.	1	*Saw, amputating, 2 blades, Little's*	no.	1
Forceps, clamp, Kelly's	no.	1	*Saw, metacarpal*	no.	1
Forceps, clamp, straight, 3-inch	no.	1	*Saw, wire, set of 5, with handles*	set.	1
Forceps, delicate, spring	no.	1	*Scalpels, assorted*	no.	4
Forceps, dressing and bullet, Forwood's	no.	1	*Scissors, angular*	no.	1
Forceps, dressing, spring	no.	3	*Scissors, curved on flat, Wyeth's*	no.	1
Forceps, hæmostatic, curved	no.	1	*Scissors, heavy, blunt*	no.	1
Forceps, hæmostatic, Jones' 2-inch bite,	no.	3	*Scoop, Ferguson's, with elevator*	no.	1
Forceps, hæmostatic, Pean's	no.	1	Silkworm gut	coil	1
Forceps, rongeur and bone holding, Forwood's	no.	1	*Specula, ear, set of 3, silver-plated*	set.	1
Forceps, mouse tooth, with teeth	no.	2	*Syringe, aspirating, with 3 points*	no.	1
Forceps, T-shaped, Pratt's	no.	1	*Trephine, DeVilbis's*	no.	1
Gag, mouth	no.	1	*Trocar and canula, set of 4, silver, in metal box*	set.	1
Gouge	no.	1	*Tube, tracheotomy, silver*	no.	1
Guide, filiform, Gouley's	no.	1	Wire, silver, Nos. 21 and 24	cms.	500
Knife, amputating, large, 7-inch blade	no.	1			
Knife, cartilage	no.	1			

NOTE.—The cases of instruments and surgical apparatus authorized in the supply table are intended to supplement each other and thus avoid reduplication of articles, e. g., the general operating and hæmostatic forceps cases supplement the genito-urinary and gynæcological cases, etc.

461. CONTENTS OF POCKET CASE.

(*In leather case with buckskin cover.*)

Bistoury, curved, probe-pointed	no.	1	Ligature, horsehair, 50 in coil	coil.	1
Bistoury, curved, sharp-pointed	no.	1	Ligature, silk, iron-dyed and white, assorted sizes	card.	1
Bistoury, straight	no.	1	Ligature, silkworm gut, coil of 25	coil.	1
Catheter, plated	no.	1	Ligature, wire, silver	cms.	500
Caustic holder	no.	1	*Needle, aneurism*	no.	1
Director, grooved, with myrtle leaf	no.	1	*Needle, exploring*	no.	1
Forceps, dissecting, mouse tooth	no.	1	Needles, surgeon's, assorted, gold-plated	no.	12
Forceps, hæmostatic, and needle	no.	1	*Probe, double, with silver tips*	no.	1
Forceps, hæmostatic, short	no.	1	*Scalpel*	no.	1
Forceps, hæmostatic, long	no.	1	*Scissors, straight*	no.	1
Ligature, catgut, sterilized, in envelopes, 3 sizes in package	packages.	2			

NOTE.—In cases recently purchased, bistoury, curved, probe-pointed, ligature catgut, and ligature horsehair have been omitted, and an additional scalpel, small, has been added.

462. CONTENTS OF HÆMOSTATIC FORCEPS CASE.

(*In morocco case.*)

Halstead's straight	no.	1	*Tait's long grip*	no.	1
Halstead's curved	no.	1	*Tait's short grip*	no.	1
Jones' angular	no.	1	*Thornton's T*	no.	1
Jones' straight	no.	1	*Wood's (Pean's) large*	no.	2
Little's fenestrated	no.	1	*Wood's (Pean's) small*	no.	2

463. CONTENTS OF GENITO-URINARY CASE.*

(*In mahogany case.*)

Bistoury for meatus, Otis'	no. 1	*Gauge, steel, American and French*	no. 1
Bougies a boule, Otis', metal, nickel-plated, Nos. 8 to 40, inclusive, French scale	no. 33	*Guides, Otis', whalebone*	no. 2
Catheter, double current, silver	no. 1	*Guides, whalebone, Gouley's*	no. 12
Catheter and staff, grooved and tunneled, Gouley's, with stylet	no. 1	*Knife, beaked, Gouley's*	no. 1
Catheter, grooved and tunneled, Gouley's, with stylet	no. 1	*Sounds, Otis', short-beaked, steel, nickel-plated,* Nos. 20 to 40, inclusive, French scale	no. 21
Catheter, syringe, prostatic	no. 1	*Sounds, tunneled, Gouley's*	no. 3
Dilator, Thompson's, modified by Gouley	no. 1	*Tenaculum, Gouley's*	no. 1
Director, silver, Gouley's	no. 1	*Urethrotome, Maisonneuve's, No. 8, Otis', gauge, with 2 blades, 2 filiform bougies, and 1 extra tunneled tip for whalebone guide*	no. 1
Endoscopes, Otis' h. r. Nos. 22, 26, and 32, French scale	no. 3	*Urethrotome, dilating, Otis', straight, with 2 blades*	no. 1
Forceps, urethral, Thompson's	no. 1		

* 20 cases (Kny-Scherer) purchased under recent contract differ from this list by the omission of bougies a boule Nos. 21–40 and 3 endoscopes.

464. CONTENTS OF INSTRUMENT CASE FOR EAR, NOSE, AND THROAT.

(*In mahogany case.*)

Applicator, cotton, straight	no. 1	*Furuncle knife, with angular handle*	no. 1
Canula, Belocq's	no. 1	*Head mirror and band, 3-inch*	no. 1
Catheter, eustachian, silver	no. 1	*Mirror, rhinoscopic*	no. 1
Conchatome, Hartman's, small	no. 1	*Mirrors, laryngeal, 1 round, 1 oval, set at different angles*	no. 2
Dilator, œsophageal, Trosseau's, with 6 ivory olives, whalebone stem, sponge tip, and coin catcher	no. 1	*Myringotome, with angular handle*	no. 1
Forceps, angular, polypus	no. 1	*Scissors, Wood's, uvula*	no. 1
Forceps, Buck's, throat	no. 1	*Snare, Hartman's, 2 tips, ear and nose*	no. 1
Forceps, Gruenwald's, tampon	no. 1	*Specula, silver, ear, Toynbee's*	no. 3
Forceps, Waxham's, rectangular, bent	no. 1	*Speculum, nasal, Bosworth's*	no. 1
Forceps, throat, Leonard's, double bent	no. 1	*Spoon and hook*	no. 1
		Tonsilotome, Brun's	no. 1

(*a*) The cases for ear, nose, and throat recently purchased from the Kny-Scherer Co. and marked 263 B have the following contents:

List of contents of ear, nose, and throat case 263 B.

Mathieu's simplex tonsilotome	no. 1	*Politzer's ang. perforator*	no. 1
Trosseau's œsophageal dilator, w-6 ivory olives, sponge holder, and coin catcher	no. 1	*Buck's ang. myringotome*	no. 1
Buck's laryngeal forceps	no. 1	*Applicator, nasal and ear, platinum, flat, point*	no. 1
Waxham's laryngeal forceps	no. 1	*Round laryngeal mirrors, metal handle, 2 sizes*	no. 2
Politzer's pincher-shaped ear forceps	no. 1	*Oval laryngeal mirror*	no. 1
Simrock's nasal dressing forceps	no. 1	*Head mirrors, 3-inch*	no. 1
Knight's nasal scissors	no. 1	*Bosworth's head band*	no. 1
Gottstein's adenoid curette	no. 1	*Denhardt's mouth gag*	no. 1
Wire folding tongue depressor	no. 1	*Set of 3 Toynbee's silver ear specula*	no. 1
Bucklin's nasal saw w-reversible blade	no. 1	*Wright's nasal snare, with 2 tips*	no. 1
Bosworth's wire nasal speculum, 2 sizes	no. 2	*Bryan's asep. ear syringe, 2 tips*	no. 1
Eustachian catheter, Hartman's, silver	no. 1		
Gross' ear spoon and hook	no. 1		

465. CONTENTS OF EYE CASE.

(*In mahogany case.*)

Cataract, needle	no. 1	*Paracentesis trocar, Desmarres's*	no. 1
Cystotome and curette, on same handle	no. 1	*Probes, Bowman's lachrymal, set of 4*	set 1
Forceps, iris, curved	no. 1	*Scissors, enucleation, curved on flat, dull points*	no. 1
Forceps, fixation, spring catch	no. 1	*Scissors, strabismus, curved on flat, dull points*	no. 1
Hooks, strabismus	no. 2	*Scissors, iris, curved on flat*	no. 1
Keratome, angular	no. 1	*Speculum, Noyes' eye*	no. 1
Knife, cataract, Graefe's	no. 1	*Spud, Dix's*	no. 1
Knife, canaliculus, probe-pointed	no. 1		
Lid holder, rubber, Jaeger's	no. 1		

466. CONTENTS OF CASE OF TRIAL LENSES.

(In leather-covered case.)

Lenses, spherical, convex—pairs	35	Both from .12 to 20 D.
Lenses, spherical, concave—pairs	35	
Lenses, cylindrical, convex—pairs	23	Both from 12 to 6 D., axis marked by ground-glass border.
Lenses, cylindrical, concave—pairs	23	
Prisms—no	21	Two, ½°; two, 1°; two, 1.50°; two, 2°; one each 3°, 4°, 5°, 6°, 7°, 8°, 9°, 10°, 12°, 14°, 16°, 18°, 20°.
Disks—no	12	One plain metal; one metal with stenopaic aperture; one metal with stenopaic slit; one with Maddox rod; one with Maddox double prism; one with dark-blue cobalt glass; one red glass; one green glass; one blue glass; one smoked glass; one plain glass; one ground glass.
Trial frame, graduated—no	1	Double cell.
Trial frame, graduated—no	1	Triple cell, outer cell rotating, adjustable frame and hooks.
Mirror, plane retinoscopic—no	1	3.5 cm.
Tape measure, spring, 1-meter—no	1	

(All lenses, prisms, or disks with metal frames to fit cell of trial frames.)

467. VISION TEST SET.

(In tin box.)

Cards, folding test, for testing visual acuity—no	2	With nine rows of Snellen test letters, from 10 to 200 feet, on each side of card.
Dial, triple line astigmatic—no	1	
Eye color card, blue—no	1	
Eye color card, brown—no	1	
Pamphlet of directions for using the vision test set—no	1	
Test type, Jaeger, folding—no	1	
Test wools, Holmgren, for testing color sense, *set	1	Consisting of three large skeins, etc., described as issued by Supply Depot.

* A set of test wools for the detection of color-blindness consists of three larger skeins of "test colors" (one pale green, one rose color, called purple, and one bright red), and 144 small skeins of "confusion colors," as follows: Of pure gray, four shades, two skeins of each; of the colors named below, eight shades, one skein of each, all wrapped in a piece of muslin 1 meter square:

Hair-brown.
Lion-brown.
Olive-brown.
Wood-brown.
Pearl-gray.
Orange.
Yellow.
Yellow-green.
Olive-green.
Green.
Blue-green.
Blue, No. 1.
Blue, No. 2.
Violet.
Purple, No. 1 (Rose Victorial).
Purple, No. 2.

468. CONTENTS OF GYNÆCOLOGICAL CASE.

(In canvas case.)

Canvas case, as instrument holder—no	1	*Probe, uterine, Sims'*—no	1
Curette, double, McLauren's—no	1	*Repositor, uterine, Elliott's*—no	1
Curette, Holbrook's douche, set of 3, with handle—set	1	*Scissors, curved on flat, one point sharp, 8¼ inches, Sims'*—no	1
Depressor, double end, Sims'—no	1	*Scissors, hawkbill, Skene's*—no	1
Dilator, uterine, Wathen's—no	1	*Scissors, straight, one point sharp, 8½ inches, Sims'*—no	1
Douche, plain, Leonard's—no	1	*Sound, uterine, Simpson's*—no	1
Forceps, compression, 7½-inch, 1 straight and 1 curved, Pean's—no	2	*Speculum, Sims', medium and large*—no	2
Forceps, dressing, Bozeman's—no	1	*Speculum, urethal and cervical, Brunage's*, no	1
Forceps, tenaculum, Skene's—no	1	*Speculum, vaginal, trivalve, Nott's*—no	1
Forceps, tissue, right angle—no	1	*Sponge holder, forceps, Kelley's*—no	1
Forceps, traction, small, Collins'—no	1	*Sponge holder, Sims'*—no	1
Needles, 3 with handle, Peaslee's—set	1	*Tenaculum, Dudley's*—no	1
Packer, gauze, Cook's—no	1		

469. CONTENTS OF OBSTETRICAL BAG.

(In leather satchel.)

Chloroform, *metallic case bottle*	bott.	1	
Cranioclast	no.	1	
Ergot, fluid extract of	bott.	1	
Forceps, obstetrical, Jewett's	no.	1	
Forceps, obstetrical, Tarnier's, axis traction, Lusk's modification	no.	1	
Forceps, placental, Bozeman's	no.	1	
Hook, blunt, Braun's	no.	1	
Ligatures, catgut	gm.	1	
Ligatures, silk	gm.	1	
Needle holder	no.	1	
Needles, surgical, assorted	no.	12	
Perforator, Smellie's	no.	1	
Petrolatum, sterilized	bott.	1	
Scissors, curved on flat, one point sharp, 8½ inches, Sims'	no.	1	
Tablets, antiseptic	bott.	1	

470. CONTENTS OF ASPIRATING CASE.

(In leather-covered or metal case.)

Needles, aspirating	no.	3	
Obturator, blunt, for canula	no.	1	
Pump	no.	1	
Tube, double current, metal, with rubber stopper	no.	1	
Tube, metallic, with extra wires	no.	1	
Tubing attachments	no.	4	
Tubing, rubber	pieces.	3	
Trocar and canula with stopcock	no.	1	

471. IMPROVED THERMO-CAUTERY, PAQUELIN'S.

(In leather-covered case.)

Apparatus, double bulb, for supplying air,	no.	1	
Cautery button	no.	1	
Cautery knife	no.	1	
Handle, cannulated, ebony	no.	1	
Reservoir for hydrocarbon, nickel-plated	no.	1	
Tube, lengthening	no.	1	
Tube, rubber	no.	1	

472. CONTENTS OF HOSPITAL CORPS POUCH.

See par. 617.

473. CONTENTS OF ORDERLY'S POUCH.

See par. 618.

474. HYPODERMIC SYRINGE.

This *syringe*, as now issued, has as accessories, besides two needles and extra wires (the needles and wires are expendable), one tube of each of the following hypodermic tablets:

Apomorphinæ hydrochloridum	mgms.	6	
Atropinæ sulphas	mgms.	0.65	
Cocainæ hydrochloridum	mgms.	10	
Glycerylis nitras	mgms.	0.65	
Morphinæ sulphas	mgms.	8	
Strychninæ sulphas	mgms.	1	

475. CONTENTS OF EMERGENCY CASE.

(In solid leather case, with detachable sling strap.)

TABLETS IN 15 C. C. BOTTLES.			
Acetphenetidinum (phenacetin)	mgms.	324	
Aloinum compositum*			
Antiseptic*			
Bismuthi subnitras	mgms.	324	
Caffeina citrata	mgms.	65	
Camphora et opium*			
Cathartica composita			
Chloralum hydratum (bottle amber-colored)	mgms.	324	
Digitalis tinctura	c.c.	0.300	
Glycyrrhizæ, comp. mist. (Brown mixture)*	mgms.	324	
Heroini hydrochloridum	mgms.	5.5	
Hydrargyri chl. mite (bottle amber-colored)	mgms.	65	
Ipecacuanha et opium			
Morphinæ sulphas	mgms.	8	
Potassii bromidum	mgms.	324	
Quininæ sulphas	mgms.	200	
Sodii bicarbonas	mgms.	65	
Sodii bicarb. et mentha pip.*			
Sodii salicylas	mgms.	324	
Sulphonmethanum (sulphonal)	mgms.	324	

*For formulæ see par. 450.

CONTENTS OF EMERGENCY CASE—Continued.

HYPODERMIC TABLETS IN TUBES (ONE OF EACH).	
Apomorphinæ hydrochloridum†—mgms—	6
Atropinæ sulphas†—mgms—	0.65
Cocainæ hydrochloridum†—mgms—	10
Digitalinum—mgms—	1
Glycerylis nitras†—mgms—	0.65
Morphinæ sulphas†—mgms—	8
Quininæ hydrochlorosulphas†—mgms—	32
Strychninæ sulphas†—mgms—	1
INSTRUMENTS.	
Bistoury, curved and straight, of each—no—	1
Case, linen, for instruments—no—	1
Forceps, dissecting—no—	1
Forceps, hæmostatic—no—	1
Ligature, silk, sterilized, 3 sizes in package—pkgs—	2
Ligature, silver wire, sterilized in package—pkgs—	1
Needles, surgical, assorted—no—	6
Plaster, isinglass, in roll 13 cms. wide and ½ meter long—roll—	1
Scalpel—no—	1
Scissors, straight—no—	1
Syringe, hypodermic—no—	1
Thermometer, clinical—no—	1

†In the hypodermic syringe case.

476. CONTENTS OF POST-MORTEM CASE.

(*In mahogany box.*)

Blowpipe—no—	1
Chain and hooks—no—	1
Chisel—no—	1
Costotome chisel—no—	1
Enterotome—no—	1
Forceps, dissecting—no—	1
Hammer, steel—no—	1
Knife, amputating, large—no—	1
Knife, amputating, small—no—	1
Knife, cartilage—no—	1
Needles and thread—no—	2
Saw—no—	1
Scalpels, assorted—no—	3
Scissors, straight—no—	1
Tenaculum—no—	1

477. MICROSCOPE.

(*In upright cherry-wood case, with handle, lock, and extra hook and post fastenings.*)

The contents of case are as follows:

Stand, Universal BB—no—	1
Eyepieces—no—	2
Abbe condenser, with iris diaphragm—no—	1
Triple nose piece—no—	1
Objective, ⅔—no—	1
Objective, ⅙—no—	1
Objective, 1/12, *oil immersion*—no—	1

478. MICROSCOPICAL ACCESSORIES.

Articles.	Allowance for one year for posts having official population of—					
	100.	200.	400.	600.	800.	1,000.
Agar-agar, in 250-gm. packages—pkgs—	1	1	1	2	2	2
Alcohol, absolute, in 250 c. c. g. s. bottle—botts—	2	2	2	4	4	4
Aniline oil, in 50 c. c. bottle—botts—	1	1	1	2	2	2
Balsam bottle—no—	1	1	1	1	1	1
Bismarck brown, in 4-gm. bottle—botts—	1	1	1	1	1	1
Canada balsam, in 30 c. c. bottle—botts—	1	1	1	2	2	2
Covers, glass, 16 or 19 mms. square—gms—	15	15	15	30	30	30
Dropping bottle, for oil of cedar—no—	1	1	1	1	1	1
Filtering paper, Swedish, Munktel's, No. 1—quires—	1	1	1	1	1	1
Forceps, cover-glass, Stewart's pattern—no—	2	2	2	2	2	2
Forceps, small, straight, medium fine—no—	1	1	1	1	1	1
Fuchsin, in 15-gm. bottle—botts—	1	1	1	1	1	1
Fuchsin, acid—gms—	10	10	10	20	20	20
Funnels, glass, 25 c. c—no—	1	1	1	1	1	1
Funnels, glass, 500 c. c—no—	1	1	1	1	1	1
Gelatin, in 60-gm. package—pkgs—	5	5	5	10	10	10
Gentian violet, in 15-gm. bottle—botts—	1	1	1	1	1	1
Methylene blue, in 15-gm. bottle—botts—	1	1	1	1	1	1
Oil of cedar, in 30 c. c. bottle—botts—	1	1	1	1	1	1
Peptone, in 250-gm. w. m. bottle—botts—	2	2	2	2	2	2
Rods, glass, 5 mms. thick, 15, 20, and 30 cms. long, assorted—gms—	200	200	300	300	500	500
Section lifter, small—no—	1	1	1	1	1	1
Slides, glass, 25 by 75 mms—doz—	4	4	4	8	10	12
Stopcocks, Mohr's, for rubber tubing—no—	2	2	2	2	2	2
Test tubes, 6 by ¾ inch—gross—	2	2	2	2	2	2
Triple stain, Ehrlich-Biondi-Heidenhain, in powder—gms—	15	15	15	25	25	25
Xylenum, in 200 c. c. bottle—botts—	1	1	1	2	2	2

The following are supplied only on special requisition:

Microtome, laboratory, B and L—no.	1	*Oiler for microtome*—no.	1
Knife for microtome—no.	1	Hæmatoxylin, Merck's—gms.	10
Belgian hone, 8 by 1½ inches—no.	1	Eosin—gms.	10
Razor strop, Badger, Emerson's electric, 14 inches long—no.	1	Celloidin, Schering's—gms.	50
		Straining dishes, with covers—no.	6

479. BACTERIOLOGICAL SET.

(One set is supplied to each post.)

Baskets, wire, for sterilizer—no	4	Paper, litmus, blue and red, best quality, of each—sheets	2
Bath, water, copper, for test tubes—no.	1	Pipettes, 1 c. c—no.	2
Bath, water, tripod for—no.	1	Pipettes, 5 c. c—no.	2
Bunsen's burner, for posts supplied with gas—no.	1	Platinum wire, heavy, 10-cm—pieces.	3
Dishes, double, Petri's—no.	12	Platinum wire, medium, 10-cm—pieces.	6
Forceps, cover-glass, Stewart's pattern—no.	2	Rubber gas tubing, ¼-inch—yards.	2
Forceps, straight, small, medium, fine—no.	1	*Regulator, gas, Reichert's,* for posts supplied with gas—no.	1
Flasks, Erlenmeyer's, 250 c. c—no.	6	*Sterilizer, hot-air,* 38 by 28 by 25.5 cm., no.	1
Flasks, Erlenmeyer's, 500 c. c—no.	2	*Stopcocks, Mohr's,* for rubber tubing—no.	1
Flasks, Erlenmeyer's, 1,000 c. c—no.	2	Test measure, footed, 10 c. c—no.	1
Funnels, glass, 25 c. c—no.	4	Test tubes, thin glass, 15 cm. by 18 mm. bore—no.	300
Funnels, glass, 500 c. c—no.	2	*Thermometer, 0–50° C*—no.	2
Funnels, glass, 1,000 c. c—no.	2	*Thermometer, 0–200° C*—no.	1
*Incubator, lead-lined, 45.5 by 21.5 by 30.5 cm**—no.	----		
Microburner, 1-flame—no.	1		
Paper, filtering, swedish—qrs.	2		

* At stations where there is no gas, an incubator, to be heated by petroleum flame, may be obtained upon application.

480. CHEMICAL SET.

Subject to the approval of the Surgeon General, chemical reagents and appliances will be issued to medical officers upon special requisition.

481. CONTENTS OF POST DENTAL CASE.

(*In leather-covered case.*)

Burnishers, Nos. 3, 20, 36—no.	3	*Forceps, college*—no.	1
Chisels, Nos. 5 and 6—no.	2	Gutta-percha stopping—gms.	30
Drill, flat, spear-pointed, No. 102—no.	1	*Handles for instruments*—no.	6
Engine bit holder, revolving head—no.	1	*Hone*—no.	1
Explorer, No. 5—no.	1	*Mirror*—no.	1
Excavators, Nos. 10, 14, 16, 21, 41, 82, 85, 141, 143, 145—no.	10	Paper, bibulous—sheets.	6
		Scaler, No. 3—no.	1
Files, 2 each of Nos. 00, 0, 1—no.	6	*Spatula, No. 1*—no.	1

482. CONTENTS OF TOOTH-EXTRACTING CASE.

(*In leather-covered case, with lock and double handle.*)

Elevators, Nos. 6 and 7—no.	2	*Forceps, upper bicuspid and canine, No. 11*—no.	1
Forceps, cowhorn, No. 23—no.	1	*Forceps, upper front root, No. 1*—no.	1
Forceps, lower bicuspid and canine, No. 21—no.	1	*Forceps, upper incisor and canine, No. 13.* no.	1
Forceps, lower incisor and bicuspid, No. 21—no.	1	*Forceps, upper molar, No. 18*—no.	1
Forceps, lower molar, No. 15—no.	1	*Forceps, upper wisdom, No. 10*—no.	1
Forceps, universal root, No. 7—no.	1	*Lancet, gum*—no.	1

483. INHALER AND VAPORIZER.

This outfit consists of a *nickel-plated stand*, with *boiler*, *spirit lamp*, *and detachable handle.*

There are two attachments, *a long inhaler and a short deodorizer;* both have *a reservoir* holding a sponge which is saturated with the preparation to be vaporized.

484. RESTRAINT APPARATUS.

(In wooden box, with handle and lock.)

Anklets—pairs	1	*Strap, bed*—no	1
Keys to lock buckles—no	5	*Strap, waist*—no	1
Muff, leather—no	1	*Wristlets*—pairs	1

485. COMPRESSED-AIR APPARATUS.

Air container, with gauge—no	1	Davidson's sprays, in set, viz:	
Force pump—no	1	*Atomizer tubes, h. r*—no	3
Tubing, thick rubber, silk-covered, connecting container with cut-off—meters	2.4	*Bottles, with h. r. caps*—no	3
		Cut-off, metal—no	1
Tubing, thick rubber, connecting container with force pump—meters	1.2	*Stand for bottles*—no	1
		Tube, connector, h. r—no	1
		Tube, wires for cleaning—no	2

486. CONTENTS OF TOOL CHEST.

(In wooden chest, with handle and lock.)

Awl, brad, and handle, 1 by $\frac{1}{16}$ inch wide, no	1	*Hammer, nail, adz-eye, cast steel*—no	1
Awl, brad, and handle, 1$\frac{1}{2}$ by $\frac{1}{8}$ inch wide, no	1	*Hatchet, shingling*—no	1
Awl, brad, and handle, 2 by $\frac{3}{16}$ inch wide, no	1	*Mallet, carpenter's, mortised handle, 5 inches long*—no	1
Awl, scratch, cast steel, 8-inch—no	1	*Nail puller, large*—no	1
Bit, gimlet, double cut, No. 1, cast steel, no	1	*Nail set, square, polished, solid cast iron, $\frac{1}{4}$-inch*—no	1
Bit, gimlet, double cut, No. 2, cast steel, no	1	Nails, box of, steel wire, assorted, Solomon Gundy—no	1
Bit, gimlet, double cut, No. 3, cast steel, no	1	*Nippers, plier and cutting, combined, 6-inch*—no	1
Bit, screw-driver, extra cast steel, polished, no	1	*Oiler, zinc, No. 2*—no	1
Chalk-line, soft, with reel and awl, complete—no	1	*Oilstone, Washita, 1$\frac{1}{2}$ pounds*—no	1
Chisel firmer, cast-steel socket, $\frac{1}{2}$-inch—no	1	*Pincers, carpenter's, steel-jaw, 10-inch*—no	1
Chisel firmer, cast-steel socket, 1-inch—no	1	*Plane, fore, double iron*—no	1
Chisel firmer, cast-steel socket, 1$\frac{1}{2}$-inch—no	1	*Plane, jack, double iron*—no	1
Chisel, $\frac{3}{8}$-inch—no	1	*Plane, rabbet, double iron*—no	1
Chisel, cold—no	1	*Plane, smoothing, double iron*—no	1
Countersink—no	1	*Plane, hollow, No. 10*—no	1
Divider, with set screw, solid cast-steel, 8-inch—no	1	*Plane, rounding, No. 10*—no	1
Drawing knife, carpenter's, oval blade, 10-inch—no	1	*Ratchet brace*—no	1
Extension bit—no	1	*Ratchet, screw-driver, 5-inch*—no	1
File, handsaw, with handle, 3 inches long, no	1	*Rasp, wood, oval, with handle, 10 inches long*—no	1
File, handsaw, with handle, 4 inches long, no	1	*Rule, boxwood, square joints, 8ths and 16ths, 1 inch wide, 2-foot*—no	1
File, handsaw, with handle, 4$\frac{1}{2}$ inches long, no	1	*Sliding T bevel*—no	1
File, bastard, flat, with handle, 10 inches, long—no	1	*Saw-set*—no	1
File, rat tail—no	1	*Saw, hand,* 26-inch—no	1
Gauge, marking, beechwood, with set screw, no	1	*Saw, keyhole*—no	1
Gimlet, double cut, wooden handle, No. 1, no	1	*Saw, panel, 16-inch*—no	1
Gimlet, double cut, wooden handle, No. 2, no	1	*Saw, rip*—no	1
Gimlet, double cut, wooden handle, No. 3, no	1	*Screw-driver, solid cast steel, 3-inch*—no	1
		Screw, hand, 8-inch—no	1
		Screw wrench, wrought bar, 10-inch—no	1
		Spirit level, pocket, iron top plate, japanned—no	1
		Spokeshave, wood, 3-inch—no	1
		Tape measure, linen, inches and centimeters, 50 feet—no	1
		Try-square, rosewood, graduated steel blade, 9-inch—no	1
		Vise, bench and iron—no	1

DENTAL SUPPLY TABLE.

SUPPLY TABLE FOR CONTRACT DENTAL SURGEONS, UNITED STATES ARMY.

487. The following articles are in greater part contained in the set of contract dental surgeon's chests, intended for both post and field use, viz, instrument chests Nos. 1 and 2, dental-engine chest, chair chest, and field desk. The numbers following the articles in the list of instruments and appliances indicate their sizes and forms, and are taken from the catalogues of the S. S. White Dental Manufacturing Company. The supply of expendable articles in this list is estimated for three months. The names of nonexpendable articles are printed in italics; expendable articles in roman type.

Where dental surgeons are stationed at military posts or general hospitals they will forward all requisitions through the surgeon to the chief surgeon. The surgeon will issue without requisition to the dental surgeon the annual allowance of all expendable articles on the dental supply table which are also on the general supply table and on hand at the hospital and will supply him on memorandum receipt with such nonexpendable articles on both as are needed. If additional supplies of expendable articles are needed they will be required for by the dental surgeon and issued by the surgeon upon the authority of the chief surgeon. The Surgeon General will act only on special requisitions for articles not on the general supply table. Articles on the dental supply table which are also on the general supply table are marked with an asterisk on the former.

488. MEDICINES.

Acidum boricum, 324-mgm. tablets, 500 in 250 c. c. bottle	botts.	1
*Acidum tannicum, 50 gms., in 250 c. c. w. m. bottle	botts.	1
Acidum trichloraceticum, in 20 c. c. g. s. bottle	botts.	3
*Aconiti tinctura, in 25 c. c. bottle	botts.	2
*Aethylis chloridum, in 100 c. c. metal tubes	tubes.	1
*Adrenalini hydrochloridum, in 25 c. c. bottle	botts.	2
*Alcohol, in 1-liter bottle	botts.	3
*Ammoniæ spiritus aromaticus, in 200 c. c. g. s. bottle	botts.	2
*Aqua hydrogenii dioxidi, in 500 c. c. bottle	botts.	6
*Argenti nitras, crystals, 25 gms., in 25 c. c. bottle	botts.	1
Camphorated phenol, in 125 c. c. bottle	botts.	2
Capsici emplastrum, 9 dozen in box	boxes.	3
*Chloroformum, in 200 c. c. g. s. bottle	botts.	2
*Cocainæ hydrochloridum, 10-mgm. hypodermic tablets	tubes.	6
*Collodium, in 20 c. c. g. s. bottle	botts.	3
*Creosotum, beechwood, in 20 c. c. g. s. bottle	botts.	3
Eugenol, in 25 c. c. bottle	botts.	2
Iodi tinctura, in 100 c. c. g. s. bottle	botts.	1
Mercury, redistilled, 325 gms., in 25 c. c. bottle	botts.	1
*Morphinæ sulphas, 8-mgm. hypodermic tablets	tubes.	24
*Oleum caryophilli, in 20 c. c. g. s. bottle	botts.	3
Oleum cajuputi, in 20 c. c. g. s. bottle	botts.	3
*Oleum gaultheriæ, in 20 c. c. g. s. bottle	botts.	3
Orthoform, in 25 c. c. bottle	botts.	3
Papain, 30-gm. bottle	botts.	1
*Phenol, in 250 c. c. bottle	botts.	1
Sodii carbonas, 2-gm. tablets, 200 in tin	tins.	4
Sodii dioxidi, in 60-gm. screw-top tins	tins.	2
Sodium and potassium, in sealed tube	tubes.	6
Zinci chloridum, crystals, in 100-gm. g. s. bottle	botts.	1

489. INSTRUMENTS AND APPLIANCES.

Amalgam, carrier for, No. 5 double end	no.	1
Bands, fracture, Angle's (4 bicuspid, 2 molar)	no.	6
Blower, chip, No. 22	no.	1
Blower, chip, No. 22, S. S. White, extra bulbs for	no.	4
Broaches and applicators, spiral (Ivory)	no.	24
Broaches, nerve, S. S. White, 6 in package	pkgs.	6
Brush, wheel, wire, engine No. 2, with chuck No. 1	no.	1
Burnishers, cone socket points, Nos. 29, 32, 36, 41; of each	no.	1
For hand piece, No. 2, right angle:		
Burs, bud, Nos. 44½, 46, 47, 49, 50; of each	no.	3
Burs, dentate, Nos. 557, 558, 559, 560, 568; of each	no.	4
Burs, fissure, Nos. 55½, 57, 59, 68, 70; of each	no.	3
Burs, inverted cone, Nos. 33½, 34, 35, 36, 37, 38, 40; of each	no.	3
Burs, oval, Nos. 88½, 89, 90, 91, 92, 95; of each	no.	3
Burs, round, Nos. ½, 1, 2, 4, 5, 6, 8; of each	no.	3
Burs, wheel, Nos. 11½, 12, 13, 14, 15, 17; of each	no.	3
For hand piece, No. 7:		
Burnishers, smooth, Nos. D, G, K; of each	no.	1
Burs, bone (Alport's), A, B, C of each	no.	1
Burs, bud, Nos. 46, 47, 48, 49, 50; of each	no.	3
Burs, cone, Nos. 23, 25, 26, 27, 32; of each	no.	2
Burs, dentate, Nos. 557, 558, 559, 560, 561, 562, 570, 573; of each	no.	4
Burs, fissure, Nos. 55½, 58, 60; of each	no.	3
Burs, inverted cone, Nos. 33½, 34, 36, 37, 39, 40, 43; of each	no.	3
Burs, oval, Nos. 88½, 90, 92, 94, 95; of each	no.	3
Burs, round, Nos. ½, 1, 2, 3, 4, 5, 6, 7, 8, 9, 11; of each	no.	3
Burs, wheel, Nos. 11½, 12, 13, 15, 16, 17; of each	no.	3
Burs, plug-finishing, Nos. 200, 232 of each	no.	2
Case, office preparation, eight 15 c. c. g. s. bottles in polished walnut case, with lock and key	no.	1
Chisels, cone socket points, Nos. 14, 33, 34, 43, 44, 60, 61, 65; of each	no.	2
Clamps, rubberdam (Ivory), Nos. 9, 19, 20, 22a, 23a, 56, and "Bi-nap;" of each	no.	1
Cleansers, root canal, Donaldson's, No. 5, 6 in package	pkgs.	6
Corkscrew, folding, No. 1	no.	1
For hand piece, No. 2, right angle:		
Drills, Nos. 100, 135; of each	no.	6
Drills, Gates-Glidden, Nos. 174, 175, 176, 177; of each	no.	6
For hand piece, No. 7:		
Drills, Gates-Glidden, Nos. 175, 177; of each	no.	6
Drills, round shank, No. 135	no.	3
Drills, spear point, Nos. 100, 101; of each	no.	6
Drills, twist, No. 151	no.	6
Engine, dental, "F," S. S. White, with No. 7 H. P. and No. 2 S. J. *attachment*	no.	1
Engine, dental, duplex springs for, as required		-------
Engine, dental, engine cable "A" for, as required		-------
Engine, dental, engine cable "A," couplings for, as required		-------
Engine, dental, engine cable "A," ferrules for, as required		-------
Engine, dental, extra cords for	no.	3
Engine, dental, hand piece for, No. 2, right angle, with slip joint No. 2	no.	1
Engine, dental, hand piece for, No. 7, right angle, with slip joint	no.	1
Engine, dental, lubricating oil for, in 25 c. c. bottle	botts.	5
Elevators, Nos. 6, 7, 16; of each	no.	1
Excavators, cone socket points, Nos. 5, 9, 10, 12, 13, 15, 16, 18, 20, 31, 34, 59, 60, 62, 63, 67, 68, 102, 147, 148, 149, 161, 162, 163, 169, 196, 197, 198, 199; of each	no.	2
Excavators, cone socket points (Battle ax), Nos. 7, 8, 9, 10, 12, 15; of each	no.	2
Explorers, cone socket points, Nos. 5, 6, 7, 13, 14, 17; of each	no.	2
File, flat, 4-inch, smooth	no.	1
Files, separating, flexo, assorted	no.	24
Forceps, right upper molar, hornbeak (No. 20 S. S. W.)	no.	1
Forceps, left upper molar, hornbeak (No. 20 S. S. W.)	no.	1
Forceps, universal, lower molar, hornbeak (No. 16 S. S. W.)	no.	1
Forceps, rubberdam, clamp, Brewer's	no.	1
Forceps, rubberdam, punch	no.	1
Forceps, tooth-extracting, Nos. 10 H, 11, 15, 27, 32, 62, 103; of each	no.	1
Forceps, wedge-cutting, No. 3	no.	1
Gauge, root canal	no.	1
Gutta-percha, heater for, How's	no.	1
Handles, cone socket, No. 2	no.	24
Handles, cone socket, No. 3	no.	18
Handles, cone socket, No. 5	no.	12
Holder and clamp for dental napkins, Duddy's	no.	1
Holder for cotton	no.	1
Holder No. 3 for waste cotton	no.	1
Holder, nerve broach, No. 2	no.	1
Holder, rubberdam, Cogswell, No. 2	no.	1
Hone, oil, Arkansas stone, in wooden box	no.	1
Lamp, alcohol, Capital, No. 21	no.	1
Lancet, abscess, metal handle, No. 5	no.	1
Lancet, gum, metal handle, No. 2	no.	1
Mallet, steel, No. 5	no.	1
Mandrel, Nos. 301, 301½, 302, 303, 307, for hand piece No. 7; of each	no.	2
Mandrel, Nos. 303, 307, for right-angle hand piece No. 2; of each	no.	3
Mandrel, No. 319 A, for hand piece No. 7	no.	3
Mandrel, Morgan-Maxfield, for hand pieces Nos. 2 and 7	no.	4
Matrices, contour (Crenshaw), set, No. 1	no.	1
Mirror, mouth, magnifying, No. 6 "B," with aluminum handle and 2 extra glasses	no.	2

INSTRUMENTS AND APPLIANCES—Continued.

Pliers, cone socket, No. 102	no.	1
Pliers, dressing, No. 2	no.	1
Pliers, foil carrier, No. 12	no.	1
Pluggers, amalgam, Woodson's, Nos. 1, 2, 3; of each	no.	1
Pluggers, cone socket points, Butler's No. 5	no.	2
Pluggers, cone socket points, Varney's No. 1	no.	2
Pluggers, cone socket points, S. S. White, Nos. 14, 88, 149, 171, 172, 188, 219, 220, 254, 284, 290, 301, 321, 359, 398, 400, 411; of each	no.	2
Pluggers, plastic, Ladmore's, Nos. 1, 3, 4, 6; of each	no.	1
Pluggers, root canal, Nos. 1, 3, 5, Donaldson's	set.	1
Probes, dressing, Flagg's	no.	1
Probes, flexible, steel, Nos. 1, 2, and 3; of each	no.	1
Reamer, root, Peeso's, Nos. 1, 2; of each	no.	3
Root-drier, Evans's	no.	1
Root facers, engine, safe side, Nos. 7 and 9; of each	no.	2
Saw, dental, Gordon White, handle with chuck, complete	no.	1
Saw, crown, for engine No. 2	no.	1
Saw, dental, Gordon White, extra blades for	no.	6
Saw, dental, blades for, Kaeber	no.	24
Saw, frame, Kaeber, No. 2	no.	1
Scalers, cone socket points, Nos. 1, 3, 12, 30, 40, 41, 42, 57; of each	no.	2
Scalers, long handle, Allport's, Nos. 4, 6, 7, 8, 9, 12; of each	no.	1
Scalers, long handle, S. S. White, Nos. 58, 59; of each	no.	1
Scissors, gum, curved on flat, No. 22	no.	1
Separator, Elliott's	no.	1
Shears, foil, No. 32	no.	1
Shields, B. M., No. 1, No. 2; of each 4	set.	1
Spatula, Nos. 9, 11; of each	no.	1
Sterilizer, small	no.	1
Syringe, capillary, Dunn's No. 4	no.	1
Syringe, capillary, Dunn's, extra rubber bulbs for	no.	12
Syringe, capillary, Dunn's, extra glass barrels for	no.	6
Syringe, hot-air, No. 26	no.	1
Syringe, hypodermic	no.	1
Syringe, hypodermic, extra needles for	no.	2
Syringe, water, No. 4	no.	1
Syringe, water, No. 4, extra pipes for, curved	no.	4
Syringe, water, No. 21a (Moffat)	no.	1
*Thermometers, clinical	no.	2
Trephine, engine, Nos. 252 and 253; of each	no.	1
Tool, universal	no.	1
Tray, impression, Franklin, Nos. 1, 2, 3; of each	no.	1
Trocar and canula, Marshall	no.	1
Tubular knives, rotary, Nos. 2 and 3; of each	no.	1

490. FURNITURE.

*Basins	no.	3
Chairs, common, arm, and rocking; of each	no.	2
Chair, portable, in chest, S. S. White	no.	1
Chair, portable, in chest, S. S. White, crate for	no.	1
Chest for dental engine	no.	1
Chest for dental engine, crate for	no.	1
Chests, instrument	no.	2
Chests, instrument, crates for	no.	2
Cuspidor, hand, with handle, nickel-plated	no.	1
Desk, field	no.	1
Desk, field, crate for	no.	1
Tables, bedside	no.	2

491. MISCELLANEOUS.

Alloy, contour, Flagg's, 1-oz. bottle	botts.	6
Alloy, high standard, gold white, Garhart's, 1-oz. bottle	botts.	6
*Brushes, hand, scrub	no.	6
Cement, zinc oxychloride, in 20 c. c. bottle, in boxes	boxes.	2
Cement, oxyphosphate, C and B, special (Ames), colors gray, yellow, and brown; of each,	no.	2
Cement, oxyphosphate, Acme, Garhart's, 1-oz. box	boxes.	2
Cement, oxyphosphate, Petroid Improved, colors gray, yellow, and brown; of each	boxes.	2
*Chamois skins	no.	4
*Cotton, absorbent, compressed, 1-oz. package	pkgs.	16
Cups, polishing soft rubber, large and small; of each	no.	36
Cups, tin, 2 in nest	nests.	2
Disks, carborundum, Nos. 130, 131, 132, 133, 134, 135, and 137; of each	no.	4
Disks, sandpaper, assorted sizes and grits, in disk tray, 1,400 in tray	trays.	2
Disks, bristle, Robinson's, Nos. 9 and 11; of each	no.	12
Fiber, devitalizing, arsenical, in jar	jars.	1
Floss, silk, waxed (Cutters), in 20-yard spools	spools.	12
Glass, drinking, *combination bracket attachment*	no.	4

MISCELLANEOUS—Continued.

Gutta-percha stopping, Excelsior, 1-oz. sticks	boxes	4
Gutta-percha stopping, Premium, 1-oz. sticks	boxes	4
*Matches, safety	boxes	12
Mercury, holder for, ebony	no	1
Modeling composition, S. S. White, 250 gms	boxes	4
**Mortar and pestle, glass, No. 3*	no	1
Napkins, dental, antiseptic, 50 in box	boxes	24
Paper, Japanese, bibulous, 400 sheets in box	boxes	4
Points, carborundum, Nos. 141, 142, 143, 144, 146, 154, 157, 158, 160, 165, 173; of each,	no	4
Points, corundum, Butler, No. 305	no	12
Points, nerve, canal, gutta-percha, in box	boxes	2
Points, rubber, Nos. 11, 12; of each	no	24
Points, wood, polishing, assorted, 100 in box	boxes	3
Pulp preserver and capper (Caulk's)	no	1
Pumice stone, powdered, in 500-gm. screw-top tin	tins	1
Rubberdam, 13 cm. wide by 1 meter long, in screw-top tin	tins	4
Shellac, sticks, 1-oz. box	boxes	2
Slab, mixing, glass, No. 4	no	1
Soap, box for, metal	no	1
Soap, antiseptic, Listerine	cakes	6
Stove, coal-oil, blue flame, single burner	no	1
Strips, perfection, polishing, assorted grits in box	boxes	4
Temporary stopping	no	4
Tin foil, No. 3, Globe, in books, $\frac{1}{10}$-oz.	books	10
*Tumblers, glass	no	2
*Towels, hand	no	24
Varnish, sandarach, 60 c. c. bottle	botts	3
Wheels, carborundum, round edge, $\frac{1}{2}$, $\frac{3}{4}$, and 1 inch; of each	no	3
Wheels, carborundum, square edge, $\frac{1}{2}$, $\frac{3}{4}$, and 1 inch; of each	no	3
Wood, orange, 12 sticks in bundle	bundles	9

492. CONTENTS OF FIELD DESK FOR DENTAL SURGEONS.

(*a*) Books.

Army Regulations	copy	1
Dentistry, Operative, American Text-Book of; Kirk	copy	1
Dentistry, Operative; Marshall's	copy	1
Dental Pathology, Therapeutics, and Pharmacology; Burchard	copy	1
Handbook, Hospital Corps; Mason	copy	1
Information slip book	copy	1
Injuries and Surgical Diseases of Face, Mouth, and Jaws; Marshall	copy	1
Manual for the Medical Department	copy	1
Order and letter book	copy	1
Register, Dental Operations	copy	1

(*b*) Stationery.

*Book, blank, 8vo	no	1
*Elastic bands, assorted	gross	½
*Envelopes, official, large	no	25
*Envelopes, official, letter	no	100
*Envelopes, official, note	no	50
**Eraser, steel*	no	1
*Ink, black	botts	2
*Ink, red	botts	1
**Inkstands*	no	2
*Mailing tubes	no	4
*Pads, letter	no	2
*Pads, prescription	no	4
*Paper, blotting	pieces	4
*Paper fasteners	no	25
*Paper, writing, legal cap	qrs	2
*Paper, writing, letter	qrs	4
*Paper, writing, note	qrs	2
*Pencils, lead	no	4
*Penholders	no	2
*Pens, steel	no	12
*Rubber	piece	1
**Ruler*	no	1

(*c*) Blanks (Medical Department).

Return of dental property (Form No. 29)		4
Invoice of dental supplies (Form No. 30)		12
Receipt for dental supplies (Form No. 31)		12
Requisition for dental supplies, annual (Form No. 36)		8
Report of dental operations, sheet 1 (Form No. 57)		36
Report of dental operations, sheet 2 (Form No. 58)		108
Numerical report of dental operations (Form No. 59)		36
Examination blanks, No. 2, 50 in pad	pads	4

493. ADDITIONAL DENTAL OUTFIT.

This additional dental outfit may be supplied to general hospitals and such other stations as the Surgeon General shall designate.

	(*a*) FURNITURE.	
Bracket, attachment combination, with plain Allan table, walnut, less No. 4 cuspidor	no.	1
Bracket, tool, No. 1	no.	1
Cabinet, No. 6, walnut, right or left drawers	no.	1
Chair, maroon, med., D. B. Wilkerson, Watkins, H. R	no.	1
Cuspidor, No. 4, nickel-plated	no.	1
	(*b*) INSTRUMENTS.	
Dentimeter, Kirk's	no.	1
Forceps, tooth-extracting, No. 1–L, 6, 7, 10–H, 11, 14, 15, 27, 32, 52, 67, 103; of each	no.	1
	(*c*) LABORATORY OUTFIT.	
Anvil, C. & B., with base	no.	1
Articulator, Nos. 3, 8; of each	no.	1
Bench, laboratory, No. 4, walnut, with bellows	no.	1
Blowpipe, Melotte's, new style	no.	1
Bolts, star, set of 3	sets.	6
Bowl, plaster, No. B	no.	1
Bridge repair set (Bryant), set	no.	1
Chisels, right, left, and square, for vulcanite, Nos. 13, 14, 15	set.	1
Cones, felt, large, 1 blunt, 1 pointed	no.	2
Cones, felt, small, 1 blunt, 1 pointed	no.	2
Cord, lathe, $\frac{3}{16}$-inch, round	ft.	18
Couplings	sets.	2
Crown and swaging device, practical, complete, with Coates die plate (Ransom and Randolph)	no.	1
Cups, Franklin, Nos. 1, 2, 3; of each	no.	1
Cups, upper impression, Nos. 2, 3, 5, 10; of each	no.	1
Cups, lower impression, Nos. 2, 3, 10, 16; of each	no.	1
Die plate (Dohlman)	no.	1
Drawplate for wire, 20 holes	no.	1
File, gold, round, 4-in., bastard	no.	1
File, gold, round, 3-in., smooth	no.	1
File, gold, flat, 3-inch, smooth	no.	1
File, gold, half round, 4-inch, bastard	no.	1
File, vulcanite, 7-inch, half round	no.	1
File, vulcanite, 8-inch, half round	no.	1
File, vulcanite, 5-inch, round	no.	1
Flasks, brass, star	no.	2
Flask, press, S. S. W	no.	1
Forceps, clasp, bending, No. 7	no.	1
Hammer, B, riveting	no.	1
Hammer, swaging, steel, 1½-lb. (boilermaker's)	no.	1
Hub mold	no.	1
Knife, plaster, No. 1	no.	1
Knife, wax, No. 4	no.	1
Ladles and handle	set.	1
Lamp, laboratory, alcohol, Nos. 9, 10 (S. S. W.); of each	no.	1
Lamp, soldering, alcohol, No. 7 (S. S. W.)	no.	1
Lathe, unique, head, complete, with 8 chucks	no.	1
Mallet, horn	no.	1
Nippers, plate, No. 3, medium	no.	1
Plate punch No. 12	no.	1
Pliers, contouring, Crescent, No. 115	no.	1
Pliers, No. 105	no.	1
Rings, casting, set of 4	set.	1
Scrapers, Kingsley, driven blades, set of 6	set.	1
Screw plate and taps, watchmaker's	set.	1
Seamless crown system (Place) complete with rawhide mallet	no.	1
Shears, Nos. 2, 9, 10, 11; of each	no.	1
Shade bar (S. S. W.)	no.	1
Socket and arm for interdental splints, 2 in set	sets.	3
Soldering clamps, Melotte's, set of 3	sets.	1
Soldering and heating outfit, gasoline (R. C. Brophy, No. 5, without bellows)	no.	1
Soldering pad, Mellotte's	no.	1
Spatula, No. 19	no.	1
Stone, whet	no.	1
Tongs, 7-inch, soldering	no.	1
Tubing, rubber, ¼-inch, heavy wall, white	ft.	16
Tweezers, Nos. A, B, C, D, E: of each	no.	1
Vise, bench, small, 4-inch	no.	1
Vise, hand, 3-inch	no.	1
Vise, pin	no.	1
Vulcanizer Lewis C. B., 2-case, fitted for alcohol	no.	1
Wheel brush, Nos. 3, 5, 25, 27, 30; of each	no.	2
Wheels, corundum, ½-in., round edge, grits D and C, Nos. 1, 2, 4; of each	no.	2
Wheels, corundum, ⅛-in., square edge, grit B, No. 6	no.	2
Wheel, driving, No. 1	no.	1
Wheels, felt, Nos. 3, 4; of each	no.	1

TRANSPORTATION AND SUPPLIES.

499. Articles supplied by other departments, after being properly assigned to the Medical Department, will be under its exclusive control and command, and will not be diverted from it by commanders subordinate to the authority by which they have been so assigned or by officers of other staff departments.

All transportation which pertains permanently during a campaign to the execution of the duties of the Medical Department will be assigned to that department. This will include hospital trains, ships, and boats, ambulances, wagons, and all animals, with the crews for working such trains, ships, and boats. F. S. R. 638, 1905

500. Transportation for the temporary use of the Medical Department, such as wagon trains, railroad trains, and ships and boats for the removal of wounded, will be reported by the quartermaster in charge to the senior medical officer, under whose orders such transportation will remain until it has completed the special work for which it was assigned to the Medical Department. F. S. R. 639, 1905.

501. Transportation of medical supplies and other supplies for the use of sick and wounded will be performed by the Medical Department as far as possible with the transportation assigned for the use of that department. Such supplies as can not thus be transported will be invoiced to the Quartermaster's Department for transportation. Medical supplies turned over to the Quartermaster's Department for transportation will, as far as possible, be expedited next after ammunition and rations. When necessary, enlisted men of the Hospital Corps will be detailed to accompany medical property. F. S. R. 640, 1905.

502. Each company will be provided with a litter by the Quartermaster's Department; it will be carried with company transportation ready for use (F. S. R. 641, 1905). It will correspond in pattern to that used by the Medical Department.

DIRECTION OF SERVICE.

503. Medical officers and men of the Hospital Corps attached to troops will ordinarily remain under the orders of the officers commanding such troops, but in emergencies the entire medical personnel of the division may be placed at the disposition of its chief surgeon.

Except in battle or emergency, orders in reference to such personnel will pass through the military channel.

Division surgeons may be authorized to make assignments and to issue orders and instructions to medical personnel by order of their commanding general. F. S. R. 642, 1905.

SERVICE IN CAMP.

504. In addition to their duties in caring for the sick and wounded, medical officers will, whenever the occasion arises, act as sanitary advisers of commanders of troops. Beginning with assistance in the selection of a camp site and a report on its water supply, they continue their functions in the maintenance of sanitary conditions by frequent inspections and consequent recommendations. F. S. R. 643, 1905.

505. In camp, regiments brigaded will establish regimental infirmaries and not regimental hospitals. These infirmaries will care for emergency cases and for those slightly sick or injured. All serious cases will be promptly transferred to field hospitals, which will be located by division surgeons.

Regiments operating independently, or at such great distance from field hospitals that it is impracticable to transfer serious cases to them, will, under authority of the division surgeon, establish regimental hospitals. These hospitals should have their full personnel and equipment, which should always accompany regiments changing base, except in the operations of an active campaign, when the personnel will be assigned and the equipment stored under the direction of the division surgeon. F. S. R. 644, 1905.

506. When the command moves forward the sanitary personnel of the troops should be promptly relieved by corresponding units from the "service of the rear." In case of retreat the necessary personnel remains with the immobile sick and wounded under protection of the Geneva Convention. F. S. R. 646, 1905.

SPECIAL DETAILS.

507. Medical inspectors, selected when possible from among the medical officers of the regular establishment, will be detailed on recommendation of the Surgeon General in the proportion of one to each division. F. S. R. 635, 1905.

When practicable, medical inspectors will also be detailed for the service of the lines of communication and the inspection of general hospitals.

A medical inspector assigned to duty with a command shall be charged especially with the supervision of the sanitation of the troops thereof. He will instruct medical officers and advise commanding officers as to the steps to be taken to correct sanitary errors and will report to the general commanding faults discovered and action recommended for their remedy. He will make monthly reports through military channels to the Surgeon General, giving the results of such sanitary inspections, and will forward through the same channels copies of all special sanitary reports which have been considered of sufficient importance to be made in writing.

Medical inspectors will also inspect and report upon the administration of the Medical Department, the efficiency, instruction, and adequacy of the medical personnel, the condition of hospitals, the character and sufficiency of medical supplies, the facilities for transportation of medical supplies and of the wounded, the occurrence of preventable diseases and the sufficiency of the measures taken for their prevention, and in general upon all matters which concern the care, well-being, and comfort of the sick and wounded.

508. The commanding general of any separate command may detail officers of the line or other staff corps for duty with the Medical Department in the capacity of quartermasters or commissaries of subsistence, but enlisted men of troops will be detailed to that department only in cases of emergency. Officers and men so detailed shall be selected for their special fitness for this duty, and shall be examined by a board of medical officers as to their physical condition. Such as are found to be not qualified shall be rejected and others detailed in their stead.

Medical officers will act as acting assistant quartermasters and acting commissaries of hospital ships, hospital trains, general hospitals, field hospitals, and other Medical Department organizations when line officers or officers of the Quartermaster's or Subsistence Departments are not available for such duty. F. S. R. 636, 1905.

GUARDS.

509. Guards will be furnished from the line of the Army for hospitals, for medical supply depots, for the protection of medical property, and to insure the safe custody of prisoners.

Field hospitals will habitually be guarded by their ambulance company sections, guards from the line of the Army being detailed only when this is impracticable.

Stationary, base, and general hospitals will be furnished with the necessary guards by corps, division, or department commanders. These guards will be ordered to report to the commanding officer of the hospital.

Necessary guards for the Medical Department other than at the hospitals above mentioned will be furnished by commanding officers, on the application of senior surgeons, who will state what particular instructions they wish given to the guards. See F. S. R. 637, 1905.

SERVICE ON THE MARCH.

510. The regimental medical officers will habitually accompany their regiment, the senior with the commander at the head, one junior with the ambulance at the rear, the other at the rear of the leading battalion. F. S. R. 647, 1905.

511. On ordinary marches the field hospitals will march in rear of the last regiment of the division. See F. S. R. 648, 1905.

512. Usually when an engagement is in prospect, the personnel for a dressing station, with pack transportation to carry the equipment, will march at the rear of each brigade except the first, which will be followed by an ambulance company section.

The field hospitals will ordinarily march at the rear of the division, but when there are several divisions in one column, at least one field hospital will march at the rear of each division; the remainder may be held in reserve and march with the ambulance column and trains. See F. S. R. 648, 1905.

513. Sick and wounded falling out in line of march will be placed in the regimental ambulance; when this is filled diagnosis tags will be given as passes to the ambulance train and other transportation, or the weak and foot-sore may be relieved of their equipment and permitted to march in rear of the regimental ambulance. F. S. R. 649, 1905.

514. Upon arrival at the day's destination all but the trivial cases will be transferred to the field hospital. Those unable to march next morning will be transferred to stationary hospitals, or they may be left under shelter—in houses if practicable—with the necessary attendance until taken charge of by the medical service of the line of communications, the chief of which should be duly notified. F. S. R. 650, 1905.

515. The firearms, individual equipment, and clothing of soldiers who fall out will be carried with them when admitted to the ambulance or hospital. F. S. R. 651, 1905.

SERVICE DURING AND AFTER A BATTLE.

516. At the beginning of an engagement, while the troops are deploying, the wounded will be cared for by the regimental surgeons. Those able to walk will be directed to the rear, the others will be taken to sheltered places out of the way of advancing troops. As the troops take battle formation the officers and men of the regimental sanitary personnel, previously equipped, accompany their organizations. F. S. R. 652, 1905.

517. Each officer and man will carefully retain the first-aid packet issued by the regimental surgeon at the beginning of the campaign, and, when wounded, will apply the bandage himself or with the assistance of a comrade. F. S. R. 653, 1905.

518. The distribution and work of the regimental Hospital Corps men will be under the direction of the senior medical officer with the regiment. The band will be utilized as directed by the regimental commander. The wounded will be placed under cover from fire if possible. They will not be taken to the rear at this

stage as the regimental personnel must remain in touch with their units.

Diagnosis tags will be attached to all wounded at this or a later stage, whichever may be practicable. F. S. R. 654, 1905.

519. The following stations will be established for the care of wounded during battle:

(1) Dressing stations.

(2) Ambulance stations.

(3) Field hospitals. F. S. R. 655, 1905.

520. As soon as the advance ceases, dressing stations will be established by dressing-station parties, under the direction of the brigade surgeon, at the nearest points in rear of the line of battle where the wounded will be sheltered from fire. Litter squads are sent out to bring the wounded to the stations. F. S. R. 656, 1905.

521. Ambulance stations at the rate of one to a brigade will be established by the brigade surgeon at places affording protection from fire. F. S. R. 657, 1905.

522. Helpless wounded brought in during the engagement will be removed to the field hospital, but the principal work of the ambulances begins at the end of the battle and consists in the evacuation of the dressing stations. F. S. R. 658, 1905.

523. Such field hospitals as may be required will be established by the division surgeon, after consultation with the division commander if practicable. The site should be at least 3 miles from the front, near a by-road, and on a stream when feasible; an ample supply of water is necessary, and suitable buildings are of great advantage. F. S. R. 659, 1905.

524. All of the sanitary personnel will wear the prescribed brassard. Dressing stations, ambulance stations, and field hospitals will be marked by the national and red cross flags; at night by red lanterns. F. S. R. 660, 1905. See G. O. 84, W. D., 1906.

525. After an engagement it is the duty of commanding officers to organize a thorough search of the battlefield in their vicinity for wounded, and to furnish the necessary assistance for their protection and removal.

The "service of the rear" eventually converts the field hospitals into stationary hospitals, releasing the personnel and material. It takes charge of the care of the sick and wounded and of their transfer to home stations. F. S. R. 661, 1905.

DISABILITY.

526. No officer, soldier, or civilian physically unfit will be permitted to accompany troops on active service. The commanding officer, upon the approved recommendation of the senior surgeon present, will exclude such persons from participation in active

operations and from the formation of expeditionary forces. F. S. R. 662, 1905.

EXAMINATION.

527. A medical officer of the Army, detailed upon the recommendation of the Surgeon General, will superintend, at camps of mobilization, the physical examination required by law of all the officers and men of the organized militia mustered, or about to be mustered, into the service of the United States.

Troops at regimental camps of organization and instruction will be carefully examined for the presence of contagious disease, including typhoid fever, before their movement to camps of concentration, which shall be contingent on the results of such examination. This examination will be made by a medical officer of the regular establishment when present, otherwise by the senior volunteer medical officer. In case no contagious disease is found, a certificate to that effect will be made by telegraph to the War Department. F. S. R. 663, 1905.

CHARGES.

528. In the field, hospital charges for the subsistence of officers and contract surgeons will be 50 cents per day in regimental and field hospitals, and $1 per day in all other hospitals. In cases where officers or civilians are unable to pay hospital charges, collection will be made in the manner provided by the Manual for the Medical Department.

When a soldier is admitted to a base, stationary, or general hospital and no descriptive list has been received, the regimental commander will be notified of the fact by the commanding officer of the hospital. The former will then cause the soldier's descriptive list to be sent to the hospital by the man's company commander. F. S. R. 664, 1905; see par. 170 (*b*).

MEDICAL OFFICERS.

529. The title of the senior medical officer of an army in the field is "chief surgeon;" of a corps, "chief surgeon;" of a division, "division surgeon;" of a brigade, "brigade surgeon;" of a regiment, "regimental surgeon;" the senior medical officer of a field, stationary, or base hospital, or ambulance company, "commanding ——— hospital, No. —," or "ambulance company, No. —."

CHIEF SURGEON.

530. The chief surgeon of an army or independent corps is held responsible for the proper and effective management of the medical service of the command.

He should keep a register of the medical officers and Hospital Corps, making assignments and issuing orders and instructions with the approval of, and "by order" of, the general commanding, if authorized to do so. He should make himself acquainted with the efficiency of the hospitals and of the ambulance companies, and should call for weekly numerical reports of sick and wounded and of the personnel and means of transportation of the Hospital Corps. All reports and papers not requiring special action should be checked off and receive the stamp of his office before transmittal. Such papers include personal reports of medical officers, monthly reports of sick and wounded, of the Hospital Corps, and of the hospital fund; also the lists of wounded called for after an engagement. A copy of the action taken on all papers referred to him or forwarded by him should be made in an indorsement book; such papers include those relating to resignations, leaves of absence or discharge on account of disability, requisitions for medical and Hospital Corps supplies, and all recommendations or complaints referring to the medical service or affecting the health and well-being of the troops. Copies of orders and letters should be made and placed on file, and all circulars or orders from the Surgeon General should be published without delay to the division surgeons.

(*a*) Prior to a movement, the chief surgeon should verify, by personal inspection or through the medical inspector, the condition of the hospitals and of the ambulance companies and their trains, and should make all the arrangements needful for the probable exigencies of the campaign. He should see that the assignments by division surgeons to positions on the operating staff of the field hospitals include the best surgical skill of each division. On the march he should accompany the staff and acquaint himself with the topography of the country; and when an engagement is imminent, he should indicate to division surgeons the localities best suited for the establishment of the field hospitals. He should inspect these from time to time, and exercise general supervision over the dressing and ambulance stations and the movement of the wounded to the hospitals. When absent on such duties he should leave a competent medical officer with the staff to represent him and to inform him of important changes in the military conditions. The commanding general should be kept informed of the work of the Medical Department, and should always be consulted in matters of importance.

DIVISION SURGEON.

531. The division surgeon supervises the medical and Hospital Corps service of the division. He should transmit official reports and papers, with the stamp of his office if routine in character, or with his views indorsed thereon if the subject appears to call for

this action. He should have frequent personal communication with the chief surgeon of the army or corps and should endeavor to carry out their views on behalf of the troops.

His usual position is with the staff, but he should make frequent visits to the field hospitals and the ambulance companies to oversee their work. He should detail one medical officer in rotation as officer of the day, who, on the march, should keep him informed of any noteworthy occurrence, and who, in camp, should visit each regiment of the division to report on its hygienic and sanitary conditions. Before an engagement he should see that the field hospitals are properly established and that the operating surgeons and their assistants are at their proper stations. During and after the engagement he should supervise the movement of the wounded from the ambulance stations to the hospitals.

BRIGADE SURGEON.

532. The brigade surgeon is the advisor of the brigade commander in all medical and sanitary questions concerning the command. He should call for a daily report of sick and wounded from regimental surgeons and of the members of the Hospital Corps on duty with them. He should forward the formal reports of these surgeons and promulgate orders from brigade and higher authorities. He should keep careful watch over the health of the brigade, report in writing from time to time, as may be required, and consulting in emergencies with the division surgeon. During and after an engagement he should supervise the work at the dressing stations and the removal of the wounded to the ambulance stations, unless on account of his superior ability he has been assigned to duty at the operating tables, in which case a competent officer should be detailed to represent him temporarily on the staff of the brigade. He shall make to the division medical inspector such sanitary reports as may be called for by the latter.

(*a*) The brigade surgeons of a division constitute a board for the examination of all men of the division recommended for discharge on surgeon's certificate of disability or furlough on account of sickness, and all invalid officers.

REGIMENTAL SURGEON.

533. The regimental surgeon is, in sanitary matters, the advisor of the regimental commander. On the march and in camp he should examine the sick with a view to their proper treatment and disposition. In time of war he should see that all men of his regiment are provided with a first-aid packet. He is accountable for the medical and hospital property issued for the use of the regiment. His supplies of medicines, etc., should be renewed by requisition on

the advance medical supply depot. Daily, immediately after sick call, he should send a morning report of sick and wounded and of the Hospital Corps to the regimental commander, with a duplicate to the brigade surgeon. He should keep, as a register of patients, a file of register cards, Form 52, arranged in the serial order of register numbers, and forward his monthly report to the Surgeon General through offices of the chief surgeons. Cases transferred to field or other hospitals should be borne on this report as completed (see par. 571). He should forward monthly, or when his official station has been changed, a personal report on information slip. After every engagement a list of wounded (Form 53) of the command should be forwarded. If the regimental surgeon is, by order of the chief surgeon, placed on temporary special duty, the senior medical officer with the command will perform the duties of the regimental surgeon. During an engagement he will remain in touch with his command and supervise the first-aid work of the Hospital Corps.

(*a*) *Sick call.*—The purpose of sick call is to determine for the information of the commanding officer what men of the command are unfit for duty. This purpose is defeated if the morning sick report is not sent to the adjutant in time to be the basis of the regimental morning report. The prescribing and giving of medicines, prolonged examinations, and other matters pertaining to the treatment of the sick should be postponed until sick call is completed and the sick report sent in. When there is much sickness all the surgeons on duty with a regiment or battalion should attend at sick call.

SURGEON COMMANDING A FIELD HOSPITAL.

534. The surgeon in command of a field hospital is responsible for the care of the sick and wounded on the march and in camp, and for the comfort and general welfare of the wounded when brought to the hospital by the ambulance service. He should direct the unpacking of the wagons for the establishment of so much of the hospital as may be necessary, and the subsequent repacking when the march is to be resumed. He should superintend the admission, return to duty, or the transfer to other hospitals of his patients. As commanding officer of the Hospital Corps detachment, he should keep the accounts of the enlisted men on duty at the hospital. He should make timely requisition for medicines, medical and hospital stores, supplies, and property, for the care, expenditure, and use of which he is held responsible. When directed to do so by proper authority he should furnish regimental and other officers of the command with such articles as may be required and are available for the treatment of the sick. He should send a daily report of sick and wounded and of the Hospital Corps to the chief surgeon, and for-

ward to the Surgeon General similar reports for the month, and also a statement of the hospital fund. After an engagement he should forward lists of wounded (Form 53), and on sending patients to base or other hospitals he should furnish transfer cards (Form 52) to the senior surgeon accompanying them. Medical officers will be assigned to assist him in the management of the hospital. One of these should act as executive officer, aiding the surgeon in command in the work of supervision, and having special charge of the records. Another should superintend the cooking and diet of the hospital, drawing rations from the Subsistence Department, issuing them for use, and keeping the accounts of the hospital fund. He should also have special charge of the hospital stores and of such articles of property as are connected with the cooking and serving of food. Others may be assigned as attending surgeons to care for the sick on the march and in camp, and during an engagement to look after the management of the wards, and to make notes of operative procedures, deaths, and of the progress of cases, for subsequent report to the surgeon in command and entry on the records of the hospital.

THE SURGEON IN COMMAND OF AN AMBULANCE COMPANY SECTION.

535. The surgeon in command of the ambulance company is charged with the care of the pay, clothing, and subsistence of his men, and is held responsible for the care of ambulances and other wagons, tents, horses, mules, forage, etc. His subaltern officers assist him in the discharge of these duties. During and after an engagement he is responsible for the safe and speedy transfer of the wounded by means of litters, ambulance wagons, travois, or other means of transportation, from the field to the hospital by way of the dressing and ambulance stations, which he should establish under the direction of the brigade surgeon.

THE SURGEON COMMANDING A STATIONARY HOSPITAL.

536. The surgeon in command of a stationary hospital is responsible for the care of the sick and wounded admitted to the hospital. He will make timely requisition for supplies and employ every means to keep his hospital in a state of efficiency. When stationed on the line of communications he will send to the base those patients able to be transported and who will probably not be able for duty within a reasonable time. Transfer cards (Form 52) will be sent with patients thus transferred to the base.

Patients only temporarily disabled from slight wounds or those suffering from slight ailments will be returned to their commands when fit for duty. He should send daily a report of sick and wounded, and of the Hospital Corps, to the chief surgeon of the line of communications.

THE SURGEON COMMANDING A BASE HOSPITAL.

537. The surgeon in command of a base hospital is responsible for the care of the sick and wounded admitted to the hospital. He should by timely requisition keep his hospital well supplied with everything necessary for the comfort of the patients under his charge. He should transfer patients to other hospitals when necessary, sending transfer cards with same. He should make the required reports and returns to the chief surgeon and Surgeon General.

CHIEF SURGEON OF THE LINE OF COMMUNICATIONS.

538. The senior medical officer on the staff of the officer commanding the base and lines of communication will have general charge of the sanitary arrangements of the base and lines of communication. He will make provision for the transfer of patients from the stationary to the base hospitals and from the base hospitals to general hospitals, by railway trains, boats, ships, and other means of conveyance. He will see that the base medical supply depot is properly supplied, and that requisitions from the hospitals and the advanced medical supply depots are promptly filled and forwarded.

He will provide for convalescent camps at the base to relieve the pressure on the base hospitals, and will make arrangements for sending to their commands at the front those discharged from the convalescent camps and hospitals who are fit for duty.

He will make such reports, etc., as may be required.

THE HOSPITAL CORPS.

(See pars. 192 and 198.)

539. In field service, troops will be accompanied by such number of men of the Hospital Corps as may be determined by the military commanders on the recommendation of the senior medical officer, except where the number is fixed by the Field Service Regulations. A R. 1462, 1904.

540. The prescribed articles of clothing (see Drill Regulations, Hospital Corps) are packed in the blanket roll, which is carried over the shoulder in the manner used by the infantry. When desirable, the rolls may be carried in a wagon. When the soldier is mounted, the saddle is packed in the prescribed manner.

541. On the march each medical officer will habitually be attended by a mounted private of the Hospital Corps. When practicable, horses will be furnished by the Quartermaster's Department and horse equipments by the Ordnance Department for those members of the Corps on duty in the field who are authorized to be mounted. When no horses are available, special application for authority to hire must be made. A. R. 1463, 1904.

542. When members of the Hospital Corps are detailed for service in the field during Indian wars, or when left with the sick or wounded under circumstances which justify the expectation that their rights under the Geneva Convention will not be recognized, commanding officers will issue to members of the Hospital Corps revolvers or other available firearms. A. R. 1466, 1904.

543. Hospital Corps men mounted:

(*a*) Division headquarters, 4:
- 1 sergeant first class.
- 3 privates first class, orderlies.

(*b*) Brigade headquarters, 2:
- 1 sergeant.
- 1 private first class, orderly.

(*c*) Regiment of infantry, 6:
- 1 sergeant first class.
- 2 sergeants.
- 3 privates first class, orderlies.

(*d*) Regiment of cavalry, 10:

(*e*) Engineer battalion, 4:
- 2 sergeants.
- 2 privates first class, orderlies.

(*f*) Battery of artillery and Signal Corps company, 2:
- 1 sergeant.
- 1 private first class, orderly.

(*g*) Field hospital:

Hospital section, 8:
- 1 sergeant first class, senior sergeant.
- 1 sergeant first class.
- 1 sergeant assistant to quartermaster.
- 1 sergeant, wagonmaster.
- 3 privates first class, orderlies.
- 1 private first class, musician.

Ambulance company section, 11:
- 1 sergeant first class.
- 7 sergeants.
- 2 privates first class, orderlies.
- 1 private first class, musician.

(*h*) Advanced medical supply depot, 3:
- 1 sergeant first class.
- 1 sergeant.
- 1 private first class, orderly.

(*i*) Stationary hospitals, 5:
- 1 sergeant first class.
- 1 sergeant.
- 3 privates first class, orderlies.

(*j*) Base hospital, as required. See also F. S. R. 25, 1905.

MOUNTS, TRANSPORTATION, ETC.

544. The following allowance of horses for mounts, wheel transportation, pack animals, and litters for the Medical Department of the Army is authorized:

(*a*) *Saddle horses for Hospital Corps* (see par. 543):

Division headquarters, 4.
Brigade headquarters, 2.
Regiment of infantry, 6.
Regiment of cavalry, 10.
Engineer battalion, 4.
Battery of artillery and Signal Corps company, 2.
Field hospital—
    Hospital section, 8.
    Ambulance company section, 11.
Advanced medical supply depot, 3.
Stationary hospital, 5.
Base hospital, as required.

See also F. S. R. 25, 1905.

(*b*) *Wheel transportation.*—The ordinary requirements of the wheel transportation of the Medical Department of an army in active service may be conveniently estimated on the following basis:

3 ambulances with each regiment (when detached).
12 ambulances with each ambulance company section.
3 ambulances to each stationary hospital.
3 ambulances to each base hospital.
1 4-horse wagon to each regiment.
8 4-horse wagons to each hospital section of field hospital.
3 4-horse wagons to each ambulance company section.
2 4-horse wagons to each stationary hospital.
6 4-horse wagons to each advanced medical supply depot.
2 4-horse wagons to each base hospital.

When other vehicles or methods of transportation are substituted for the standard ambulances they shall be allowed in such numbers that the number of draft animals required for them will not exceed that required for the allowance of 4-mule ambulances; automobiles being counted as equivalent to standard ambulances.

(*c*) *Pack mules.*—Four pack mules to each ambulance company section.

(*d*) *Travois* (A. R. 1460, 1904).—Four travois to each ambulance company section.

(*e*) *Litters.*—One litter for each company (par. 502). Four litters for each ambulance.

TENTAGE.

545. The following allowance of tentage is authorized:

(*a*) For each regimental hospital in fixed camp—
- 1 hospital tent for noncommissioned officers.
- 1 hospital tent for privates.
- 1 hospital tent for cook tent.
- 1 hospital tent for storage and dispensary.
- 2 hospital tents for wards.
- 1 wall tent for each officer.

(*b*) For each field hospital when in fixed camp—
- 2 hospital tents for noncommissioned officers.
- 6 hospital tents for privates.
- 1 hospital tent for supplies.
- 1 hospital tent for cook tent.
- 1 hospital tent for dispensary.
- 1 hospital tent for operating room.
- 1 hospital tent for stores.
- 18 hospital tents for wards.
- 1 wall tent for each officer.

(*c*) For ambulance company section when in fixed camp—
- 2 hospital tents for noncommissioned officers.
- 8 hospital tents for privates.
- 1 hospital tent for cook tent.
- 1 wall tent for each officer.
- 1 hospital tent for dressing station.

(*d*) For stationary hospitals, 324 beds—
- 5 hospital tents for noncommissioned officers.
- 16 hospital tents for privates.
- 3 hospital tents for cook tent and stores.
- 54 hospital tents for wards.
- 9 hospital tents for stores, dispensary, operating rooms, and mess.
- 1 wall tent for each officer.

(*e*) For base hospital, 500 beds—
- 5 hospital tents for noncommissioned officers.
- 16 hospital tents for privates.
- 100 hospital tents for wards, stores, operating rooms, mess, etc.
- 1 wall tent for each officer.

546. The stationary and base hospitals will when practicable occupy suitable buildings. If no buildings are available, suitable pavilions will be constructed as soon as practicable. Plans and specifications for these buildings will be furnished from the Surgeon General's Office.

CARE OF THE WOUNDED DURING AND AFTER AN ENGAGEMENT.

547. The ambulance and hospital service of each independent command will be under the supervision of its senior surgeon. This officer should make all necessary arrangements for the care and transportation of the wounded, who, during an engagement, will usually receive attention at the following points and in the following order:

(1) With the line of battle.
(2) At the dressing stations.
(3) At the ambulance stations.
(4) At the field hospitals.

548. Dressing stations will be established at the places nearest the combatants, where the wounded will not be unnecessarily exposed to fire. Ambulance stations will be established at points nearest the front where ambulances can be safely taken. The hospitals will be established by direction of the chief surgeon, after consultation with the commanding general. See pars. 516 to 525.

549. No person, except the proper medical officers or the officers, noncommissioned officers, and privates of the ambulance service, or such persons as may be specially assigned by competent military authority to duty therewith, will be permitted to take or accompany sick or injured men to the rear, either on the march or elsewhere. A. R. 1465, 1904.

VOLUNTARY SERVICES AND CONTRIBUTIONS.

(See also par. 496.)

550. Upon the recommendation of the Surgeon General, and with the authority of the Secretary of War, the chief surgeon of an army in the field, or of a corps, division, or brigade operating independently, may use the services of civilian physicians, nurses, male and female, litter bearers, cooks, etc., voluntarily offered, and will assign such persons to duty as may be most expedient for the good of the service.

(*a*) As a rule such voluntary aid will be used only at base hospitals, or on lines of communication. In emergency the services of physicians and litter bearers may, however, be utilized with the advance.

(*b*) Persons whose voluntary services have been accepted will be under the orders of the officers commanding the hospitals, etc., to which they may be assigned.

(*c*) The voluntary services of no person will be accepted unless he is physically sound and otherwise qualified for effective service.

(*d*) No uniform is required by voluntary helpers, but they will wear the brassard of the Geneva Convention and carry an identification paper clearly showing their right to do so, which paper must

be signed by the chief surgeon or other officer authorized by the general commanding.

(*e*) With the approval of the Surgeon General the chief surgeon may receive voluntary contributions in money or kind and expend the same for the benefit of the sick and wounded as he deems fit. Contributions of unnecessary or unwieldy material will be declined.

THE ORGANIZATION OF HOSPITALS.

THE REGIMENTAL HOSPITAL.

(See par. 505.)

551. This hospital will ordinarily be used only when the regiment is so isolated that patients can not readily be transferred to other hospitals. For personnel see par. 566 (*c*), and for equipment see par. 592. This list is given only as a guide; if circumstances demand it, the equipment and bed capacity may be increased as necessary. This hospital is really a small field hospital and requires two 4-horse wagons for transportation.

THE REGIMENTAL INFIRMARY.

552. The purpose of the regimental infirmary is to provide during active field service temporary protection and care for the sick of the command while on a march or in camp, but it is not intended for the treatment of the very ill who in the event of a move would prove to be an incumbrance to the command. When cases are found to be serious in nature they should be promptly transferred to other hospitals.

For a list of the equipment of the regimental infirmary see par. 593.

One 4-horse wagon is required for transportation.

THE FIELD HOSPITAL.

(*1*) *Hospital Section.*

553. The field hospital has a capacity of 108 beds and is designed to be used only during active operations, and, in order to maintain its mobility, efficient means for its evacuation must be provided. Sometimes it may be necessary to temporarily fix this hospital; when this is done the requisite number of tent units of furniture, par. 622, and units of reserve bedding, par. 623, should be provided.

(*a*) The personnel of the field hospital is 62, as follows:

Medical officers, 5—

1 commanding officer.
1 executive officer, quartermaster, and commissary.
3 ward surgeons.

Enlisted men, 57—

Sergeants first class, 3—

1 having general supervision of hospital and care of medical property and records.
1 in charge of transportation, quartermaster's supplies, and records.
1 in charge of cooking and mess and commissary supplies.

Sergeants, 6—

1 in charge of dispensary.
1 in charge of operating equipment.
1 in charge of patients' clothing and effects.
1 in charge of outside police.
2 ward masters.

Privates first class and privates, 48—

27 ward attendants.
2 cooks.
2 assistant cooks.
1 dispensary assistant.
8 drivers.
1 artificer.
3 orderlies.
4 supernumeraries.

(*b*) Eight 4-horse wagons are required for transportation.

(*c*) For equipment see pars. 582 to 591.

(*d*) For mounts see par. 544 (*a*).

(2) *The Ambulance Company Section.*

554. The functions of the ambulance company section are the following:

(1) During and after an engagement, to transport the wounded from the battlefield to the hospitals.

(2) On the march, to transport and care for the sick and wounded of the command.

(3) To transfer patients from the field hospitals to stationary hospitals, hospital trains, etc.

(4) To assist, when necessary, in the work of the field hospital.

555. In camp and on the march each regiment is furnished an ambulance by the ambulance company section. The regimental ambulances will rejoin the ambulance company before an engagement. See 648, F. S. R., 1905.

556. On the battlefield the ambulance company section will ordinarily be employed as follows:

In a place as near the combatants as possible without being exposed to fire and preferably near a road leading to the rear, the ambulances are halted and an ambulance station is established. Preparations are made for dressing and giving necessary nourishment to the wounded with the supplies listed in par. 594.

(*a*) Dressing stations will be established as provided in par. 520 by parties detailed for that purpose.

The supplies for the dressing station will be sent forward on the pack mules, or, if this is impracticable, they will be carried by the men of the party.

The litter bearers are sent out and bring the wounded to the dressing station.

Those urgently needing surgical assistance not available at the dressing station will be taken on litters or travois to the ambulance station, from which they will be transferred to the field hospital as soon as possible.

(*b*) After the engagement is over the ambulances advance and remove the wounded from the dressing stations to the field hospital. See par. 522.

(*c*) Under some conditions it may be advisable or necessary to care for the wounded at the dressing station for several hours or even longer, in which case it may be practicable to bring up a field hospital, thus obviating the necessity for disturbing the seriously injured by further transportation. As soon as the work on the field and at the dressing station is finished the ambulance company goes into camp near the field hospital and assists in the work of that organization.

(*d*) Each ambulance company is so organized that it may be temporarily divided into three sections capable of independent action.

557. Ambulances will be used for the transportation of the sick and injured, the instruction of the Hospital Corps, and, in urgent cases, for the transportation of medical supplies, and all persons are prohibited from using them, or requiring or permitting them to be used, for any other purpose. It shall be the duty of the officers of the ambulance service to report to the commander of the troops any violation of the provisions of this paragraph. A. R. 1464, 1904.

558. *Organization of ambulance company section.*—The organization of an ambulance company section will be as follows:

3 medical officers—
  1 captain.
  2 first lieutenants.
9 noncommissioned officers—
  2 sergeants first class.
  7 sergeants.
68 privates first class and privates.
  Total personnel 80.

Of these the following will march with the transportation—
  1 lieutenant, Medical Department or Quartermaster's Department.
  1 sergeant first class.
  1 sergeant.
  1 farrier.
  1 saddler.
  2 musicians.
  15 drivers.
  1 cook.

Transportation—
  12 ambulances.
  3 4-horse wagons.

Mounts—
  11. See par. 544 (*a*).

Equipment—
  See par. 594.

THE STATIONARY HOSPITAL.

559. The stationary hospital, capacity 324 beds, will ordinarily be used in more or less permanent camps, at maneuvers and camps of mobilization or on the lines of communication during active operations. It is not so mobile but has a more liberal equipment than the field hospital. It is composed of three sections which may, when circumstances require, be used separately. The principal function of this hospital is to afford a means of evacuating the field hospitals, hence, as the army advances these hospitals must be established at suitable points along the line of communications, thus relieving the pressure on the hospitals at the front.

(*a*) The personnel of the stationary hospital is 167, as follows:

Medical officers, 14—

1 commanding officer.
1 executive officer.
1 quartermaster and commissary.
1 operating surgeon.
10 surgeons in charge of wards.

Enlisted men, 153—

Sergeants first class, 8—

1 having general supervision.
1 in charge of office.
1 in charge of quartermaster and commissary supplies and records.
1 in charge of kitchen and mess.
1 in charge of detachment and detachment accounts.
1 in charge of patients' clothing and effects.
1 in charge of medical property and records.
1 in charge of dispensary.

Sergeants, 16—

1 in dispensary.
2 in storerooms.
1 in mess and kitchen.
4 in office.
2 in charge of police.
5 ward masters.
1 in operating room.

Privates first class and privates, 129—

84 ward attendants.
1 in dispensary.
3 in operating room.
12 in kitchen and mess.
4 in storerooms.
5 with transportation.
4 orderlies.
4 in office.
12 outside police.

(*b*) Transportation—

2 4-horse wagons.
3 ambulances.

(*c*) Mounts—

See par. 544 (*a*).

(*d*) Equipment—

See pars. 582 to 591.

THE BASE HOSPITAL.

560. Base hospitals, capacity 500 beds, will ordinarily be used at large camps of mobilization and at the base from which military operations are undertaken. These hospitals should have substantial buildings for wards, storerooms, etc. See par. 546.

When this is not practicable the tentage listed in par. 545 (*e*) will be required. These hospitals should be equipped with everything necessary for the treatment and care of the sick. They should have laboratories, laundry, ice machine, well equipped operating room, bakery, etc.

(*a*) The personnel of a base hospital of 500 beds is 220, as follows:

Medical officers, 20—
- 1 commanding officer.
- 1 executive officer.
- 1 quartermaster and commissary.
- 1 pathologist.
- 1 eye, ear, nose, and throat specialist.
- 1 operating surgeon.
- 14 surgeons in charge of wards.
- 1 dental surgeon.

Enlisted men, 153—

Sergeants first class, 8—
- 1 having general supervision.
- 1 in charge of office.
- 1 in charge of quartermaster and commissary supplies and records.
- 1 in charge of kitchen and mess.
- 1 in charge of detachment and detachment accounts.
- 1 in charge of patients' clothing and effects.
- 1 in charge of medical property and records.
- 1 in charge of dispensary.

Sergeants, 16—
- 1 in dispensary.
- 2 in storerooms.
- 1 in mess and kitchen.
- 4 in offices.
- 2 in charge of police.
- 6 ward masters.

Enlisted men—Continued.
Privates first class and privates, 129—
84 ward attendants.
1 in dispensary.
2 in operating room.
1 in laboratory.
12 in kitchen mess.
6 in storerooms.
4 with transportation.
2 orderlies.
4 in office.
12 outside police.
1 assistant to dentist.
Nurses (female), 46.
1 chief nurse.
1 assistant to chief nurse.
42 in wards.
2 in operating room.

(*b*) Transportation—
3 ambulances.
2 4-horse wagons.

(*c*) Mounts as required.

(*d*) Equipment—
See pars. 582 to 591.

561. The material for regimental, field, stationary, and base hospitals will be assembled at such points as may be designated by the Secretary of War. Ordinarily there will be material for at least two regimental hospitals complete in each military department. These will be under the immediate control of the department commander and chief surgeon.

ADVANCED MEDICAL SUPPLY DEPOT.

562. In order to supply deficiencies of medicines, stores, dressings, equipment, etc., arising from ordinary expenditure, unavoidable loss and damage, and other causes, a reserve store of these articles must be provided for. This is done by means of an advanced supply depot. The transportation should be sufficient to carry a reserve supply of medicines, dressings, hospital stores, stationery, etc., for three field hospitals. Issues will be made by the officer commanding the depot, under the direction of the division surgeon.

(*a*) The personnel should be as follows:
1 medical officer.
2 noncommissioned officers—
1 sergeant first class.
1 sergeant.
9 privates first class and privates Hospital Corps—
6 drivers.
3 packers.

(*b*) Transportation—
6 4-horse wagons.
3 horses for mounts.

(*c*) For equipment see par. 596.

BASE MEDICAL SUPPLY DEPOT.

563. At the base of operations a supply depot will be established carrying an ample stock for filling requisitions from the advanced depots and from the hospitals.

The quantities of supplies kept at the base depot, and the personnel and transportation required, will depend upon the character of the military operations, size of the army, facilities for transportation, etc.

The personnel of a base depot for one division is 17, as follows:
Medical officers, 2—
1 in charge.
1 assistant.
Enlisted men, 15—
1 sergeant first class.
2 sergeants.
1 shipping clerk.
1 having supervision of packing.
Privates first class and privates, 12—
2 clerks.
1 carpenter.
1 orderly.
8 packers.

NOTE.—For each additional division there should be two sergeants and eight privates.

HOSPITAL TRAINS AND HOSPITAL BOATS AND SHIPS.

(See G. O. 84, W. D., 1906.)

564. For the evacuation of the base and other hospitals, suitably equipped hospital boats, ships, or railroad trains, or all of these may be necessary according to circumstances.

(*a*) A hospital train of ten cars, eight of which are assigned to patients, will carry 200 men. The personnel required for such a train will consist of:

3 medical officers and 27 enlisted men—
- 1 captain, assistant surgeon commanding.
- 2 assistants (lieutenants or contract surgeons).
- 3 noncommissioned officers of the Hospital Corps—
  - 1 sergeant first class.
  - 2 sergeants.
- 24 privates first class and privates of the Hospital Corps—
  - 20 nurses.
  - 2 cooks.
  - 2 medical officer's orderlies.

(*b*) A hospital boat, or ship, of 200 beds, requires a personnel of:

5 medical officers and 40 enlisted men—
- 1 major, surgeon, commanding.
- 1 captain, assistant surgeon.
- 3 first lieutenants or contract surgeons.
- 5 noncommissioned officers Hospital Corps—
  - 1 sergeant first class.
  - 4 sergeants.
- 35 privates first class and privates of the Hospital Corps—
  - 30 nurses.
  - 4 cooks.
  - 1 medical officer's orderly.

565. Hospital transports, boats, and railway trains, after being properly assigned as such, will be exclusively under the control of the Medical Department, and will not be diverted from their special purposes by orders of local or department commanders or officers of other staff corps. A. R. 1468, 1904.

SANITARY ORGANIZATION, PERSONNEL, AND TRANSPORTATION FOR A DIVISION.

566. Personnel:

(*a*) Division headquarters—
- 1 lieutenant colonel, medical inspector.
- 1 major, chief surgeon.
- 1 captain or lieutenant.
- 1 sergeant first class.
- 4 privates first class.
- 2 privates.

(*b*) Brigade headquarters—
1 major.
1 sergeant.
1 private first class.
1 private.

(*c*) Regiment of cavalry or infantry—
1 major.
1 captain.
1 first lieutenant.
1 sergeant first class.
2 sergeants.
3 privates first class, orderlies.
1 private first class, cook.
2 privates first class, nurses.
2 privates, nurses.
1 private, driver.

(*d*) Battalion of engineers—
1 captain.
1 lieutenant.
2 sergeants.
2 privates first class.
4 privates.

(*e*) For a battery of artillery—
1 captain.
1 sergeant.
1 private first class, orderly.

(*f*) For a Signal Corps company—
1 captain or lieutenant.
1 sergeant.
1 private first class, orderly.

567. *Personnel and transportation of the medical service of a division.*

	Lieut. Cols.	Majors.	Capts. or lieuts.	Total commissioned.	Sergeants first class.	Sergeants.	Privates first class.	Privates.	Total enlisted.	Grand total.	Mounts.			Transportation.					Total animals.
											Officers.	Men.	Total.	Ambulances.	Wagons.	Pack mules.	Mules for ambulances.	Mules for wagons.	
Division headquarters	1	1	1	3	1		4	2	7	10	3	4	7						7
Brigade headquarters, 3		3		3		3	3	3	9	12	3	6	9						9
Infantry, 9 regiments		9	18	27	9	18	54	27	108	135	27	54	81		9			36	117
Cavalry, 1 regiment		1	2	3	1	2	6	3	12	15	3	10	13		1			4	17
Engineers, 1 battalion			2	2		2	2	4	8	10	2	4	6						6
Artillery, 9 batteries			9	9		9	9		18	27	9	18	27						27
Signal Corps, 1 company			1	1		1	1		2	3	1	2	3						3
Field hospitals, 4		4	16	20	12	24	144	48	228	248	20	32	52		32			128	180
Ambulance companies, 4			12	12	8	28	204	68	308	320	12	44	56	48	12	16	192	48	312
Advanced medical supply depot			1	1	1	1	6	3	11	12	1	3	4		6			24	28
Total	1	18	62	81	32	88	433	158	711	792	81	177	258	48	60	16	192	240	706

568. The organization above given constitues the medical service of the front. It is intended to collect, shelter, feed, and care for the sick and wounded temporarily until they can be sent to the rear, so as not to impede the movements of the army. As these hospitals afford only temporary shelter they should not be counted in the 10 per cent of beds which must be provided for an army in the field. For each division should be provided two stationary and one base hospital, which will give 6 per cent of beds. The remaining 4 per cent is provided in general hospitals. Ample means must be provided for evacuating base hospitals. It may be laid down as a rule that during active field operations the sick and wounded of 100 men will require the services of six men, and if less than this number is furnished from the sanitary troops the balance will have to be drawn from the fighting effective. The total enlisted personnel for the service of the front and line of communications, including two stationary and one base hospital, is, for a division, 1,171, or 6 per cent, nearly.

SANITATION OF CAMPS.

569. In time of war a great responsibility rests upon medical officers of the army, for the result of a campaign may depend upon the sanitary measures adopted or neglected by commanding generals in the field. The medical officer is responsible for proper recommendations relating to the protection of the health of troops in camp or in garrison, and it is believed that, as a rule, medical officers of the United States Army are well informed as to the necessary measures of prophylaxis and the serious results which infallibly follow a neglect of these measures, especially when unacclimated troops are called upon for service in a tropical or semi-tropical country during the sickly season. The attention of medical officers, and of all others responsible for the health of our troops in the field, is invited to the following recommendations:

(*a*) When practicable, camps should be established on high and well-drained ground not previously occupied.

(*b*) In camps of permanence where the command is expected to remain more than two weeks the sanitary-trough system adopted for the Army should be used. See G. O. No. 170, A. G. O., 1899.

Sinks should be dug before a camp is occupied, or as soon after as practicable. The surface of fecal matter should be covered with fresh earth or quicklime or ashes three times a day. New sinks should be dug and old ones filled when contents of old ones are two feet from surface of ground. Every man who fails to make use of the sinks should be punished.

A sanitary sink should as far as possible conform to the following requirements:

(1) It should be covered, either with canvas or lumber, and be ditched.

(2) The pit should be dark to exclude flies. This is effected by boarding up and providing seats with hinged covers, which are prevented from being raised more than 90 degrees by a bar running along a foot above the seats.

(3) A separate place for urinating should be provided.

(4) There should be a rain-tight bin or box for the storage of dry earth or lime. Access to the pit for the application of this material is given by a hinged flap behind the seats, which should slope outward.

(*c*) All kitchen refuse should be promptly buried, and perfect sanitary police maintained.

(*d*) Troops should drink only boiled or filtered water and coffee or tea (hot or cold), except where water can be obtained which is pronounced to be wholesome by a medical officer.

(*e*) The discharges of patients with typhoid, camp diarrhea, or cholera should always be disinfected at once with a solution of phenol (5 per cent) or of chlorinated lime (6 ounces to 1 gallon of water), or with milk of lime, made from fresh quicklime.

(*f*) The diseases just mentioned are frequently communicated to soldiers in camp through the agency of flies, which swarm about fecal matter and filth of all kinds deposited upon the ground or in shallow pits, and directly convey infectious material, attached to their feet or contained in their excreta, to the food which is exposed while being prepared at the company kitchen or while being served in the mess tent. It is for this reason that a strict sanitary police is so important. Also because the water supply may be contaminated in the same way, or by surface drainage. Infection is also often carried on the hands and shoes.

(*g*) If it can be avoided, marches should not be made in the hottest part of the day.

(*h*) When called upon for duty at night or early in the morning a cup of hot coffee should be taken.

(*i*) It is unsafe to eat heartily or drink freely when greatly fatigued or overheated. If alcoholic drinks are used at all, such use should be postponed until after the day's march and preferably in conjunction with the evening meal.

(*j*) Ripe fruit may be eaten in moderation, but green or overripe fruit will give rise to bowel complaints. Food should be thoroughly cooked and free from fermentation or putrefactive changes.

(*k*) In decidedly malarious localities from three to five grains of quinine may be taken in the early morning as a prophylactic, but

the taking of quinine as a routine practice should only be recommended under exceptional circumstances.

The best safeguard against malaria is, however, the protection of the body against the bites of infected mosquitoes. To this end mosquito nets should be used whenever available in malarial localities or seasons, and if not available the skin should be as far as possible covered during sleep.

(*l*) Light woolen underclothing should be worn, and when a soldier's clothing or bedding becomes damp from exposure to rain or heavy dews, the first opportunity should be taken to dry it in the sun or by fires.

REGISTER CARDS OF PATIENTS (FIELD REGISTER).

570. Register cards will be made and reports of sick and wounded furnished for detached commands temporarily in the field on scouting expeditions, practice marches, or in summer camps. When all the cases have been completed by transfer to the stations to which the troops of the field command are ultimately assigned, and have been so reported on the final report of sick and wounded from the said field command, the register cards will be forwarded to the Surgeon General by the surgeon of the command, if he has transferred his cases by use of the transfer cards, or by the surgeon of the receiving station if the register cards have been turned over to him to effect the transfer of the incompleted cases to his records.

571. In time of war, medical officers on duty with such organizations as battalions, regiments, batteries, etc., will enter their cases on register cards and will make up their report of sick and wounded (par. 430) in accordance with regulations. Separate register cards should be kept and reports of sick and wounded (par. 404) made for regular and volunteer troops. A case transferred for treatment or better accommodation to the field hospital of the command will be regarded as completed on the records of the command from which transferred.

572. When those who are unable to march are to be sent from the command to some hospital other than the field hospital, the surgeon of the command will enter on his register cards the names, etc., of those who are to be sent away; and when he has furnished a list of these to the officer who is to take charge of the sick on their journey, he will complete the record of their cases by transfer en route to the hospital which is understood to be their destination.

573. To prepare a list of wounded (see A. R. 824), the medical officer will enter on his register cards the required data for all of those of the command who are officially known to him as having been killed or wounded. As a member of the battalion or regimental staff the medical officer cooperates with company commanders in

providing the materials for the field report of killed, wounded, and missing sent by the commanding officer to the Adjutant General as the official record of the losses. The information gathered for this purpose at the dressing stations in the field, and subsequently by inspection of the wards and records of the field hospitals, will enable him to perfect his register cards by completing thereon by transfer to the field hospital all those cases that have already been taken up on the register cards of the latter, and retaining as incompleted only those that remain under his personal care with the regiment or detachment. From the records thus perfected the list of wounded above mentioned will be prepared.

574. The officer in charge of the records of a field hospital will enter on his permanent "register cards" the cases which are received by transfer from the medical officers of the command; and from the entries thereon the report of sick and wounded will be made out in accordance with regulations. Cases will be considered completed, so far as the records of these hospitals are concerned, when the patients are transferred to any other hospital.

575. In all cases of transfer the medical officer in charge of the train of sick and wounded should, if possible, be provided with a nominal list of the patients intrusted to his care. He should verify this list personally, or, if the train be large, by his subordinates; and when arrived at his destination should turn it over to the medical officer of the receiving hospital. Should any of his cases be lost en route by death, capture, etc., he will note the facts on the list of transfers against each case so lost and report these facts and names to the Surgeon General.

576. If the military conditions are such that it is impossible for the officer in charge of the records of the field hospital to furnish a list of the sick and wounded that are to be transferred, the medical officer in charge of the train should verify the number of men turned over to him, and have the nominal list made out while en route. Should he be unable to accomplish this, the names of those who seem to be in danger of death should be taken, so as to be able, if the events should require it, to make report to the Surgeon General.

577. The senior surgeon in charge of men sent direct from military commands in the field (see par. 572) will report the losses which occur during the period of his responsibility; so, also, when patients are left behind by the advance or retreat of a field hospital, the senior surgeon left with them will take measures, if he has not been furnished with a nominal list, for the identification of his patients, for their subsequent transfer, and for the notification of losses by death or other causes.

REPORT OF SICK AND WOUNDED.

578. See paragraphs 430 to 440.

THE GENEVA CONVENTION.

579. The convention between the United States and the principal European and other powers for the amelioration of the condition of the sick and wounded of armies in the field, concluded August 22, 1864, and acceded to by the United States Government in March, 1882, commonly known as the Geneva Convention, is as follows:

ART. I.—Ambulances and field hospitals shall be recognized as neutral establishments, and, as such, shall be protected and respected by belligerents as long as they contain sick or wounded.

Such neutrality would cease if the ambulances or hospitals were held by a military force.

ART. II.—The personnel of hospitals and ambulances, including the administrative and supply departments thereof, the medical service, the transport service for wounded, and likewise chaplains, shall participate in the benefit of neutrality while on duty, and as long as there remain any wounded to bring in or to succor.

ART. III.—The persons designated in the preceding article may, even after occupation by the enemy, continue to fulfill their duties in the hospital or ambulance which they serve, or may withdraw to rejoin the body of troops to which they belong.

Under such circumstances, when these persons shall cease from their functions, the occupying army shall take care to deliver them to the enemy's outposts.

ART. IV.—As the equipment of military hospitals remains subject to the laws of war, persons attached to such hospitals can not, in withdrawing, carry away any articles except such as are their private property.

Under the same circumstances an ambulance shall, on the contrary, retain its equipment.

ART. V.—The inhabitants of a country who may assist the wounded shall be respected and shall remain free. It shall be the duty of the commanding generals of the belligerent powers to notify the inhabitants of the appeal addressed to their humanity and of the neutrality resulting therefrom.

Any wounded man received and nursed in a house shall act as a safeguard thereto. Any inhabitant who shall have entertained wounded men in his house shall be exempt from the quartering of troops, as well as from a part of the contributions of war which may be imposed.

ART. VI.—Wounded or sick soldiers shall be collected and treated, to whatever nation they may belong.

Commanders-in-chief are authorized to deliver to the enemy's outposts at once all soldiers wounded in combat, when circumstances permit and both parties consent to such action.

Those who, after their wounds are healed, are recognized as incapable of serving shall be sent back to their country.

The others may also be sent back, on condition of not again bearing arms during continuance of the war.

Evacuations, together with the personnel conducting them, shall be protected by absolute neutrality.

ART. VII.—A distinctive and uniform flag shall be adopted for hospitals, ambulances, and evacuations. It must on every occasion be accompanied by the national flag. A brassard for the neutralized personnel shall also be allowed, but the delivery thereof shall be regulated by military authority. Flags and brassards shall show a red cross on white ground.

ART. VIII.—The details of execution of the present convention shall be regulated by the commanders-in-chief of belligerent armies according to the instructions of their respective governments and in conformity with the general principles laid down in this convention.

ART. IX.—The high contracting powers have agreed to communicate the present convention to those governments which have not found it convenient to send plenipotentiaries to the international convention at Geneva, with an invitation to accede thereto. The protocol is, for that purpose, left open.

ART. X.—The present convention shall be ratified, and the ratifications exchanged at Berne in four months, or sooner if possible.

ADDITIONAL ARTICLES.*

ART. I.—The persons designated in Article II of the convention shall continue after the occupation by the enemy to take the necessary care of the sick and wounded in the ambulance or hospital which they serve. When they request to withdraw the commander of the occupying troops shall fix the time of departure, which he shall not be allowed to put off for more than a brief period, in case of military necessity.

ART. II.—Arrangements shall be made by the belligerent powers to insure to neutralized persons fallen into the hands of the enemy's army the enjoyment of their entire salary.

ART. III.—Under the conditions provided for in Articles I and IV of the convention the name "ambulance"† applies to field hospitals and other temporary establishments which follow the troops on the field of battle to receive the sick and wounded.

ART. IV.—In conformity with the spirit of Article V of the convention and with the reservations contained in the protocol of 1864, it is explained that in the apportionment of the burdens relating to quartering of troops and contributions of war an equitable allowance only shall be made for the charitable zeal displayed by inhabitants.

ART. V.—In addition to Article VI of the convention, it is stipulated that, with the reservation of officers whose detention might be important to the fate of arms, and within the limits fixed by the second paragraph of that article, the wounded who may fall into the hands of the enemy, even if not considered incapable of serving, shall be sent back to their country after they are cured, or sooner, if possible, on condition, nevertheless, of not again bearing arms during the continuance of the war.

ART. VI.—The boats which, at their own risk and peril, during and after an engagement, pick up the shipwrecked or wounded, or which, having picked them up, convey them on board a neutral or hospital ship, shall enjoy, until the accomplishment of their mission, the character of neutrality, as far as the circumstances of the engagement and the position of the ships engaged will permit.

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*The additional articles now are generally accepted and have acquired the force and effect of an international treaty.

†This interpretation is of special importance in the United States, where the term "ambulance" is generally applied to a vehicle for the transportation of the sick and wounded.

The appreciation of these circumstances is intrusted to the humanity of all the combatants. The shipwrecked and wounded thus picked up and saved must not serve again during the continuance of the war.

ART. VII.—The religious, medical, and hospital personnel of any captured vessel are declared neutral, and, on leaving the ship, may remove the articles and surgical instruments which are their private property.

ART. VIII.—The personnel designated in the preceding article must continue to fulfill their functions in the captured ship, assisting in the removal of the wounded made by the victorious party. They will then be at liberty to return to their country, in conformity with the second paragraph of the first additional article.

The stipulations of the second additional article are applicable to the salaries of this personnel.

ART. IX.—Military hospital ships remain subject to the laws of war in all that concerns their equipment and supplies; they become the property of the captor, but the latter must not divert them from their special assignment during the continuance of the war.

ART. X.—Every merchant vessel, to whatever nation it may belong, loaded exclusively with sick and wounded being removed, is protected by neutrality, but the mere fact, noted on the ship's books, that the vessel has been visited by one of the enemy's cruisers renders the sick and wounded incapable of serving during the continuance of the war. The cruiser shall even have the right of putting on board an officer to accompany the convoy, and thus verify the good faith of the operation.

If the merchant ship also carries a cargo, her neutrality will still protect it, provided that such cargo is not of a nature to be confiscated by the belligerent.

The belligerents retain the right to prohibit to neutralized vessels all communication and any course which they may deem prejudicial to the secrecy of their operations. In urgent cases special conventions may be entered into between commanders-in-chief in order to neutralize temporarily and in a special manner the vessels intended for the removal of the sick and wounded.

ART. XI.—Wounded or sick sailors and soldiers, when embarked, to whatever nation they belong, shall be protected and taken care of by their captors.

Their return to their own country is subject to the provisions of Article VI of the convention, and of addtional Article V.

ART. XII.—The distinctive flag to be used with the national flag, in order to indicate any vessel or boat which may claim the benefit of neutrality, in virtue of the principles of this convention, is a white flag with a red cross. The belligerents may exercise in this respect any mode of verification which they may deem necessary.

Military hospital ships shall be distinguished by being painted white outside, with green strake.

ART. XIII.—The hospital ships which are equipped at the expense of the aid societies recognized by the governments signing this convention, and which are furnished with a commission emanating from the sovereign, who shall have given express authority for their being fitted out, and with a certificate from the proper naval authority that they have been placed under his control during their fitting out and on their final departure, and that they were then appropriated solely to the purpose of their mission, shall be considered neutral, as well as the whole of their personnel. They shall be respected and protected by the belligerents.

They shall make themselves known by hoisting, together with their national flag, the white flag with a red cross. The distinctive mark of their personnel,

while performing their duties, shall be a brassard of the same colors. The outer painting of these hospital ships shall be white with red strake.

These ships shall bear aid and assistance to wounded and shipwrecked belligerents, without distinction of nationality.

They must take care not to interfere in any way with the movements of the combatants. During and after the battle they will act at their own risk and peril.

The belligerents shall have the right of controlling and visiting them; they may refuse to cooperate with them, order them to depart, and detain them if the gravity of the circumstances demands such action.

The wounded and shipwrecked picked up by these ships can not be claimed by either of the combatants, and they will be required not to serve during the continuance of the war.

ART. XIV.—In naval wars any strong presumption that either belligerent takes advantage of the benefits of neutrality, with any other view than the interest of the sick and wounded, gives the other belligerent, until proof to the contrary, the right of suspending the convention as regards such belligerent.

Should this presumption become a certainty, notice may be given to such belligerent that the convention is suspended with regard to him during the whole continuance of the war.

ART. XV.—The present act shall be drawn up in a single original copy, which shall be deposited in the archives of the Swiss Confederation.

THE HAGUE PEACE CONFERENCE.

580. The convention between the United States and certain powers for the adaptation to maritime warfare of the principles of the Geneva Convention, signed at The Hague, July 29, 1899, and published in G. O. No. 4, A. G. O., 1902, is as follows:

ART. I.—Military hospital ships, that is to say, ships constructed or assigned by states specially and solely for the purpose of assisting the wounded, sick, or shipwrecked, and the names of which shall have been communicated to the belligerent powers at the beginning or during the course of hostilities, and in any case before they are employed, shall be respected and can not be captured while hostilities last.

These ships, moreover, are not on the same footing as men-of-war as regards their stay in a neutral port.

ART. II.—Hospital ships equipped wholly or in part at the cost of private individuals or officially recognized relief societies shall likewise be respected and exempt from capture, provided the belligerent power to whom they belong has given them an official commission and has notified their names to the hostile power at the commencement of or during hostilities, and in any case before they are employed.

These ships should be furnished with a certificate from the competent authorities, declaring that they had been under their control while fitting out and on final departure.

ART. III.—Hospital ships, equipped wholly or in part at the cost of private individuals or officially recognized societies of neutral countries, shall be respected and exempt from capture if the neutral power to whom they belong has given them an official commission and notified their names to the belligerent powers at the commencement of or during hostilities, and in any case before they are employed.

ART. IV.—The ships mentioned in Articles I, II, and III shall afford relief and assistance to the wounded, sick, and shipwrecked of the belligerents independently of their nationality.

The governments engage not to use these ships for any military purpose.

These ships must not in any way hamper the movements of the combatants.

During and after an engagement they will act at their own risk and peril.

The belligerents will have the right to control and visit them; they can refuse to help them, order them off, make them take a certain course, and put a commissioner on board; they can even detain them, if important circumstances require it.

As far as possible the belligerents shall inscribe in the sailing papers of the hospital ships the orders they give them.

ART. V.—The military hospital ships shall be distinguished by being painted white outside with a horizontal band of green about a meter and a half in breadth.

The ships mentioned in Articles II and III shall be distinguished by being painted white outside with a horizontal band of red about a meter and a half in breadth.

The boats of the ships above mentioned, as also small craft which may be used for hospital work, shall be distinguished by similar painting.

All hospital ships shall make themselves known by hoisting, together with their national flag, the white flag with a red cross provided by the Geneva Convention.

ART. VI.—Neutral merchantmen, yachts, or vessels having or taking on board sick, wounded, or shipwrecked of the belligerents can not be captured for so doing, but they are liable to capture for any violation of neutrality they may have committed.

ART. VII.—The religious, medical, or hospital staff of any captured ship is inviolable, and its members can not be made prisoners of war. On leaving the ship they may take with them the objects and surgical instruments which are their own private property.

This staff shall continue to discharge its duties while necessary, and can afterwards leave when the commander-in-chief considers it possible.

The belligerents must guarantee to the staff that has fallen into their hands the enjoyment of their salaries intact.

ART. VIII.—Sailors and soldiers who are taken on board when sick or wounded, to whatever nation they belong, shall be protected and looked after by the captors.

ART. IX.—The shipwrecked, wounded, or sick of one of the belligerents who fall into the hands of the other are prisoners of war. The captor must decide, according to the circumstances, if it is best to keep them or send them to a port of his own country, to a neutral port, or even to a hostile port. In the last case prisoners thus repatriated can not serve as long as the war lasts.

ART. X. (Excluded.)

ART. XI.—The rules contained in the above articles are binding only on the contracting powers in case of war between two or more of them.

The said rules shall cease to be binding from the time when, in a war between the contracting powers, one of the belligerents is joined by a noncontracting power.

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ART. XIV.—In the event of one of the high contracting parties denouncing the present convention, such denunciation shall not take effect until a year after the notification made in writing to the Netherlands Government, and forthwith communicated by it to all the other contracting powers.

This denunciation shall only affect the notifying power.

FIELD SUPPLY TABLE.

581. The allowance of equipment and supplies for the field, stationary, and base hospitals, and advanced medical supply depot, is given below.

The allowance of medicines, hospital stores, and other expendable supplies is, under ordinary conditions, sufficient for one month.

The stationary and base hospitals, however, will not be limited to the articles listed in the field supply table.

The names of expendable articles are printed in roman type and nonexpendable in *italics*.

582. MEDICINES.

(For method of packing medicines for the field see pars. 629 and 630.)

	Field hospital.	Stationary hospital.	Advanced supply depot.	Base hospital.
Acetphenetidinum (phenacetin), 324-mgm. tablets, 725 in 350 c. c. tin ---tins	2	6	6	6
Acidum boricum, 324-mgm. tablets, 750 in 350 c. c. tin---tins	2	6	6	6
Acidum nitricum, in 200 c. c. g. s. bottle---botts				1
Acidum salicylicum, 324-mgm. tablets, 400 in 350 c. c. tin--tins	1	3	3	3
Acidum sulphuricum aromaticum, in 200 c. c. g. s. bottle--botts				3
Acidum tannicum, 324-mgm. tablets, 500 in 250 c. c. bottle botts				3
Adeps lanæ, 110 gms., in 250 c. c. w. m. bottle---botts				6
Adrenali hydrochloridum (1:1000 sol.), 30 c. c., in 35 c. c. bottle (or equivalent preparation)---botts	1	3	3	3
Æther, 100 gms., in 150 c. c. tin---tins	24	72	72	72
Alcohol, 1,400 c. c., in 1,500 c. c. tin---tins	18	54	54	54
Ammoniæ, aqua, 10 per cent, in 1 liter rubber-stopper bottle, botts				6
Ammoniæ, spiritus aromaticus, in 200 c. c. g. s. bottle---botts	8	24	24	24
Ammonii chloridi, trochisi (par. 450), 350 in 350 c. c. tin--tins	4	12	12	12
Amylis nitris, 5-drop pearls, 12 in box---boxes	2	6	6	6
Apomorphinæ hydrochloridum, 6-mgm. hypodermic tablets, 20 in tube---tubes	6	18	18	18
Argenti nitras, in crystals, 25 gms., in 25 c. c. bottle---botts	1	3	3	3
Argenti nitras fusus, 25 gms., in 25 c. c. bottle---botts	1	3	3	3
Arseni trioxidum, 1-mgm. tablets, 875 in 80 c. c. tin---tins	1	3	3	3
Atropinæ sulphas, 0.65-mgm. hypodermic tablets, 20 in tube, tubes	6	18	18	18
Belladonnæ emplastrum, 2 meters by 15 cm., in tin---tins	3	9	9	9
Bismuthi subnitras, 324-mgm. tablets, 700 in 350 c. c. tin--tins	8	24	24	24
Caffeina citrata, 65-mgm. tablets, 250 in 25 c. c. bottle---botts	1	3	3	3
Camphora, pulvis, 250 gms., in 500 c. c. w. m. bottle---botts				5
Cantharadis emplastrum, 15 cm. by 1 meter, in tin---tins	3	9	9	9
Capsicum, 32-mgm. tablets, 750 in 80 c. c. tin---tins	1	3	3	3
Chloralum hydratum, 324-mgm. tablets, 400 in 125 c. c. amber-colored bottle ---botts	2	6	6	6
Chloroformum, 125 c. c., in 150 c. c. tin ---tins	144	432	432	432
Chrysarobinum, 12 gms., in 25 c. c. bottle---botts				4
Cocainæ hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube, ---tubes	6	18	18	18
Cocainæ hydrochloridum, 6 gms., in 25 c. c. w. m. bottle--botts	1	3	3	3
Codeina, 32-mgm. tablets, 875 in 80 c. c. tin---tins	1	3	3	3
Collodium, in 20 c. c. g. s. bottle---botts	4	12	12	12
Digitalinum, 1-mgm. hypodermic tablets, 20 in tube---tubes	6	18	18	18
Digitalis, tinctura, 0.3 c. c. tablets, 800 in 80 c. c. tin---tins	1	3	3	3
Ferri pilulæ compositæ (par. 450), 1,200 in 350 c. c. tin---tins	1	3	3	3
Foot powder (see par. 450), in 150 c. c. tin with perforated lid and cap---tins	12	36	36	36
Glycerinum, in 1,500 c. c. tin---tins	1	3	3	3
Glycerylis nitras (nitroglycerin), 0.65-mgm. tablets, 250 in 25 c. c. bottle---botts				3
Glycerylis nitras (nitroglycerin), 0.65-mgm. hypodermic tablets, tubes	12	36	36	36
Glycyrrhizæ mistura composita (par. 450), tablets, 3,600 in 350 c. c. tin ---tins	1	3	3	3
Heroini hydrochloridum, 5.5-mgm. tablets, 650 in 80 c. c. tin, tins	1	3	3	3
Hexamethylenamina (urotropin), 324-mgm. tablets, 600 in 350 c. c. tin ---tins	1	3	3	3

MEDICINES—Continued.

	Field hospital.	Stationary hospital.	Advanced supply depot.	Base hospital.
Hydrargyri chloridum mite, 32-mgm. tablets, 250 in 25 c. c. amber-colored bottle—botts.	10	30	30	30
Hydrargyri iodidum flavum, 10-mgm. tablets, 875 in 80 c. c. tin—tins.	2	6	6	6
Hydrargyri unguentum, 200 gms., in 125 c. c. w. m. bottle, botts.	6	18	18	18
Hyoscinæ hydrobromidum, 0.65-mgm. hypodermic tablets, 20 in tube—tubes.	6	18	18	18
Hyoscyami pilulæ compositæ (par. 450), 1,200 in 350 c. c. tin, tins.				1
Ichthyolum, 75 gms., in 125 c. c. w. m. bottles—botts.				6
Iodoformum, 150 gms., in 125 c. c. bottle—botts.	2	6	6	6
Iodum, 25 gms., in 20 c. c. g. s. bottle—botts.	1	3	3	3
Ipecacuanha, pulvis, 100 gms., in 250 c. c. w. m. bottle—botts.				4
Ipecacuanha, 65-mgm. tablets, 875 in 80 c. c. tin—tins.	1	3	3	3
Ipecacuanhæ et opii, pulvis, 324-mgm. tablets, 700 in 350 c. c. tin—tins.	2	6	6	6
Linimentum rubefaciens (par. 450), tablets, 250 in 250 c. c. bottle—botts.				6
Magnesii sulphas, in 500 c. c. tin—tins.	32	96	96	96
Menthol, 40 gms., in 125 c. c. w. m. bottle—botts.				4
Morphinæ sulphas, 8-mgm. tablets, 800 tablets in 80 c. c. tin,	3	9	9	9
Morphinæ sulphas, 8-mgm. hypodermic tablets, 20 in tube—tubes.	48	144	144	144
Oleum gossypii seminis, in 500 c. c. tin—tins.				24
Oleum menthæ piperitæ, in 20 c. c. g. s. bottle—botts.				3
Oleum ricini, in 1,500 c. c. tin—tins.	3	9	9	9
Oleum terebinthinæ, in 1,500 c. c. tin—tins.	3	9	9	9
Oleum theobromatis, 300 gms., in 350 c. c. tin—tins.	1	3	3	3
Opii pulvis, 70 gms., in 125 c. c. w. m. bottle—botts.				2
Opii tinctura, in 250 c. c. bottle—botts.	4	12	12	12
Petrolatum, in 500 c. c. tin—tins.	8	24	24	24
Phenylis salicylas (salol), 324-mgm. tablets, 500 in 250 c. c. amber-colored bottle—botts.	2	6	6	6
Pilulæ aloini comp. (par. 450), tablets, 875 in 80 c. c. tin—tins.	1	3	3	3
Pilulæ camphoræ et opii, (par. 450), tablets, 700 in 350 c. c. tin—tins.	3	9	9	9
Pilulæ catharticæ compositæ, 1,200 in 350 c. c. tin—tins.	3	9	9	9
Pilulæ copaibæ comp. (par. 450), tablets, 700 in 350 c. c. tin, tins.				6
Plumbi acetas, 130-mgm. tablets, 875 in 80 c. c. tin—tins.	1	3	3	3
Potassii bromidum, 324-mgm. tablets, 1,200 in 350 c. c. tin—tins.	1	3	3	3
Potassii chloras, 324-mgm. tablets, 1,200 in 350 c. c. tin—tins.	1	3	3	3
Potassii et sodii tartras, pulvis, in 500 c. c. tin—tins.				30
Potassii iodidum, 324-mgm. tablets, 1,200 in 350 c. c. tin—tins.	2	6	6	6
Potassii permanganas, 324-mgm. tablets, 1,200 in 350 c. c. tin, tins.	1	3	3	3
Quininæ hydrochlosulphas, 32-mgm. hypodermic tablets, 20 in tube—tubes.	48	144	144	144
Quininæ sulphas, 200-mgm. tablets, 725 in 350 c. c. tin—tins.	15	45	45	45
Saline solution, normal, tablets (par. 450), 350 in 350 c. c. tin, tins.	1	3	3	3
Sinapis emplastrum, 15 cm. by 4 meters, in tin—tins.	4	12	12	12
Sodii bicarbonas, 324-mgm. tablets, 1,200 in 350 c. c. tin—tins.	1	3	3	3
Sodii bicarb. et mentha piperita (par. 450), tablets, 1,200 in 350 c. c. tin—tins.	1	3	3	3
Sodii carbonas monohydratus, pulvis, for surgical use, 300 gms., in 350 c. c. tin—tins.	2	6	6	6
Sodii salicylas, 324-mgm. tablets, 725 in 350 c. c. tin—tins.	2	6	6	6
Strychninæ sulphas, 1-mgm. hypodermic tablets, 20 in tube tubes.	36	108	108	108
Sulphonmethanum (sulphonal), 324-mgm. tablets, 725 in 350 c. c. tin—tins.	1	3	3	3
Sulphur lotum, 300 gms., in 350 gm. tin—tins.	1	3	3	3
Talcum, pulvis, in 150 c. c. tin, with perforated lid and cap—tins.	8	24	24	24
Thymol, 25 gms., in 25 c. c. bottle—botts.				12
Warburg's tincture, in 250 c. c. bottle—botts.				6
Zinci oxidum, 324-mgm. tablets, 1,200 in 350 c. c. tin—tins.	1	3	3	3
Zinci sulphas, 324-mgm. tablets, 240 in 80 c. c. tin—tins.	1	3	3	3
Zingiberis fluidextractum, in 250 c. c. bottle—botts.				2
Total weight when packed as directed in paragraph 630, about—lbs.	450	1,350	1,350	1,500

583. ANTISEPTICS AND DISINFECTANTS.

	Field hospital.	Stationary hospital.	Advanced supply depot.	Base hospital.
Antiseptic tablets (hydrarg. chlor. corros.), 250 in 250 c. c. bottle—botts.	10	30	30	30
Formaldehyde solution, 40 per cent, in 500 c. c. bottle—botts.				12
Lime chlorinated, in 500 c. c. w. m. bottle—botts.	12	36	36	60
Phenol, crystallized, in 250 c. c. bottle—botts.	8	24	24	24
Total weight, packed, about—lbs.	65	195	195	240

584. HOSPITAL STORES.

Arrowroot, in 250-gm. packages—pkgs.	24	72	72	72
Beef, liquid or extract, in 100 c. c. containers—containers.	60	180	180	180
Brandy, in 1-liter bottle—botts.	12	36	36	36
Candles, 6 to the pound—no.	90	270	270	270
Chocolate, sugared, hard, in foil-covered cakes—lbs.	12	36	36	36
Cinnamon, ground—ounces.	8	24	24	24
Condensed milk, unsweetened, or cream, in 500-gm. commercial tin—tins.	72	216	216	216
Gelatin, in 50-gm. packages—pkgs.	15	45	45	45
Malted milk, in 1-lb. bottle—lbs.	48	144	144	144
Nutmeg, whole—ounces.	8	24	24	24
Rolled oats, or equivalent preparation—lbs.	42	126	126	126
Soap, ivory or castile—lbs.	16	48	48	48
Soup, mock turtle, in 500 c. c. tin—tins.	144	432	432	-------
Soup, ox tail, in 500 c. c. tin—tins.	144	432	432	-------
Sugar, white, in 2-kilo tin—tins.	15	45	45	45
Tea, green or black—lbs.	5	15	15	15
Whisky, in 1-liter bottle—botts.	36	108	108	108
Total weight, packed, about—lbs.	1,000	3,000	3,000	2,000

585. STATIONERY, RECORD BOOKS, AND BLANKS.

(a) *Stationery.*

Bands, rubber, small and medium—gross.	1	3	3	3
Blank books, cap, 4-quire—no.	3	9	9	9
Blank books, 8-vo, 4-quire—no.	3	9	9	9
Envelopes, official, large—no.	100	300	300	300
Envelopes, official, letter—no.	400	1,200	1,200	1,200
Envelopes, official, note—no.	100	300	300	300
Eraser, rubber—pieces.	4	12	12	12
Fasteners, paper—boxes.	1	3	3	3
Ink, writing, in 125 c. c. bottle—botts.	2	6	6	6
Ink, carmine, in 30 c. c. bottle—botts.	1	3	3	3
Mucilage—botts.	2	6	6	6
Pads, prescription—no.	24	72	72	72
Pads, letter—no.	10	30	30	30
Paper, blotting—qrs.	1	3	3	3
Paper, carbon, 50 sheets in box—boxes.	1	2	3	3
Paper, legal cap—qrs.	6	18	18	18
Paper, manifolding, 500 sheets in box—boxes.	1	2	3	3
Paper, note—qrs.	3	9	9	9
Paper, writing, letter—qrs.	12	36	36	36
Paper, typewriting, letter—qrs.	24	72	72	72
Paste, photographer's, in compressible tubes, with brush and screw top, in 120-gm. tubes—tubes.	2	6	6	6
Pencils, lead—no.	24	72	72	72
Penholders—no.	12	36	36	36
Pens, steel—gross.	1	3	3	3

(b) *Record Books, etc., Medical Department.*

Deaths and interments—no.	2	6	6	6
Drill Regulations, Hospital Corps—no.	2	6	6	6
Information slip book—no.	2	6	6	6
Letters received—no.	-------	-------	-------	1
Letters sent—no.	-------	-------	-------	1
Manual for the Medical Department—no.	2	6	6	6
Morning report book, sick and wounded—no.	2	2	2	2
Order and letter book—no.	2	6	6	6
Prescription book—no.	1	1	1	1
Register and prescription book—no.	6	18	18	18
Register of the hospital fund—no.	1	1	1	1

STATIONERY, RECORD BOOKS, AND BLANKS—Continued.

	Field hospital.	Stationary hospital.	Advanced supply depot.	Base hospital.
(c) Blanks, Medical Department.				
Application for transfer to the Hospital Corps, Form No. 48—no.	12	36	36	36
Invoice for medical supplies, post, Form 23—no.	----	24	----	36
Receipt for medical supplies, post, Form 26—no.	----	24	----	36
Invoice for medical supplies, small, Form 25—no.	24	72	72	72
Receipt for medical supplies, small, Form 28—no.	24	72	72	72
Invoice for medical supplies, field, Form 24—no.	12	36	36	36
Receipt for medical supplies, field, Form 27—no.	12	36	36	36
List of patients suffering from epidemic diseases, Form No. 54, no.	20	60	60	60
List of wounded, Form No. 53—no.	50	150	150	----
Register and report card, Form No. 52*—no.	2,000	6,000	6,000	6,000
Monthly report of physical examination of recruits, Form No. 60, no.	12	36	36	36
Monthly sanitary report, Form No. 50—no.	3	9	9	9
Numerical weekly report of hospital, Form No. 56—no.	12	36	36	36
Oaths for nurses—no.	----	----	----	12
Report of open market purchase exceeding $200, Form No. 13, no.	12	36	36	36
Report of open market purchase not exceeding $200, Form No. 14—no.	12	36	36	36
Report of sick and wounded, sheet, Form 51—no.	12	36	36	36
Monthly efficiency report of female nurses, Form No. 62—no.	----	----	----	12
Requisition for medical supplies, post, Form No. 33—no.	----	12	----	24
Requisition for medical supplies, field, Form No. 34—no.	6	18	18	18
Requisition for medical supplies, Form No. 35, special—no.	24	72	72	72
Return of the Hospital Corps, Form No. 47—no.	10	30	30	30
Return of medical property, post, Form No. 21—no.	----	12	----	24
Return of medical property, field, Form 22—no.	8	24	24	24
Return of female nurses (monthly) Form 63—no.	----	----	----	12
Statement of the hospital fund, Form 49—no.	10	30	30	30
Clincal chart, Form 55 (sheets 1, 2, 3, and 4)—no.	100	600	600	600
Voucher to abstract of disbursements, bill for supplies or services (general form for bills not specially provided for on other forms) Form No. 5—no.	12	36	36	36
Invoice of articles purchased (to accompany bill for supplies, Form 5) Form 12—no.	6	18	18	18
(d) Blanks, Military Secretary's Office.				
Certificates of disability—no.	24	72	72	72
Descriptive list, military record, and statement of accounts of enlisted men—no.	100	300	300	300
Discharges—no.	50	150	150	150
Enlistment papers—no.	20	60	60	60
Final statements—no.	100	300	300	300
Form of medical certificates to accompany application for leave of absence—no.	10	30	30	30
Furloughs—no.	20	60	60	60
Inventory of effects of deceased soldiers—no.	100	300	300	300
Morning report, Hospital Corps—no.	1	1	1	1
Muster rolls, detachments—no.	40	120	120	120
Muster rolls, Hospital Corps—no.	10	30	30	30
Notice of soldier's deposits, Form No. 16—no.	15	45	45	45
Notification of desertion, Form No. 15—no.	10	30	30	30
Physical examination of recruits, form for—no.	20	60	60	60
Sick-report book, Hospital Corps—no.	1	1	1	1
(e) Blanks, Inspector General's Department.				
Inventory and inspection reports—no.	9	27	27	27
Inserts for same—no.	18	54	54	54
(f) Books and Blanks, Subsistence Department.				
Manual for the Subsistence Department—no.	1	1	1	1
Ration returns—no.	30	90	90	90
(g) Books and Blanks, Quartermaster's Department.				
Estimate of clothing and equipage, Form No. 53—no.	8	24	24	24
Invoice of supplies transferred for transportation, Form No. 4, no.	12	36	36	36
Manual of Quartermaster's Department—no.	1	1	1	1
Receipt for supplies transferred for transportation, Form No. 5, no.	12	36	36	36

* When used for register of patients known as "register card;" for report of sick and wounded, as "report card," and for transfer of patients, as "transfer card."

MEDICAL AND SURGICAL INSTRUMENTS, ETC.—Continued.

	Field hospital.	Stationary hospital.	Advanced supply depot.	Base hospital.
Catheters, flexible, assorted, Nos. 15, 17, 18, 20, 22, 24, French scale—no.	6	18	18	18
Cots, finger, rubber—doz.	2	6	6	6
Crutches—pairs.	6	18	----	18
Crutches, rubber tips for—no.	12	36	----	36
Cushions, rubber, small—no.	2	18	----	18
Cushions, rubber, open center—no.	2	18	----	18
Eye shades—no.	6	18	----	36
Fracture box, folding—no.	2	6	----	6
Gloves, rubber, sizes 8, 8½, 9—pairs.	16	48	----	48
Ligatures, catgut, sterilized, in envelopes, 3 sizes in package—pkgs.	100	300	300	300
Ligature, horsehair, coil of 100—coils.	6	12	12	12
Ligature, silk, braided, sterilized, in envelopes, 3 sizes in package, pkgs.	300	900	900	900
Ligature, silkworm gut, coils of 50—coils.	2	6	6	18
Ligature, silver wire—meters.	4	12	12	18
Measures, glass, graduated 100 c. c—no.	2	6	----	6
Medicine droppers—doz.	1	3	3	3
Medicine glasses—no.	12	36	36	36
Mortar and pestle, porcelain, small—no.	2	3	----	3
Needles, surgical, assorted, gold-plated—doz.	4	12	12	12
Paper, litmus—books.	2	6	6	6
Pencils, camel's-hair—doz.	2	6	6	6
Pill tile, hard rubber—no.	1	1	----	1
Pins, common, assorted—papers.	20	60	60	60
Pins, safety, 3 sizes—doz.	40	120	120	120
Pouch, for rubber gloves—no.	2	6	6	6
Pouches, Hospital Corps (par. 617), as required—no.	----	----	----	----
Pouches, orderly (par. 618), as required—no.	----	----	----	----
Restraint apparatus (par. 484)—no.	1	3	----	3
Rubber sheeting or linite—meters.	20	60	----	60
Scales and weights, apothecary's metric system (par. 455)—no.	----	----	----	1
Soap boxes, metal, small—no.	2	6	----	6
Soap, germicidal—cakes.	12	36	36	36
Soap, green, in 250-gm. jars in cylindrical wooden case—no.	6	18	18	18
Spatulas, small—no.	2	6	----	6
Splints, coaptation, 5 in set—sets.	12	36	36	36
Splints, wood veneer—no.	50	150	150	150
Splints, wire gauze for—meters.	12	36	36	36
Splints, Hodgen's—no.	----	12	----	18
Stove, coal oil, blue flame—no.	1	3	----	3
Stove, coal oil, blue flame, extra wicks for—no.	2	6	----	6
Syringes, hypodermic (par. 474)—no.	4	12	12	12
Syringes, hypodermic, extra needles for—doz.	2	6	6	6
Syringes, penis, glass, in case—no.	24	72	72	72
Syringes, rubber, hot water bag and fountain syringe combined, no.	6	18	18	18
Table, operating, field, folding—no.	1	2	----	2
Tags, diagnosis—books.	----	----	150	----
Tape measure—no.	1	1	----	1
Test tubes, in nests of 3—no.	12	12	----	12
Thermometers, bath—no.	1	3	----	3
Thermometers, clinical—no.	30	30	30	30
Tourniquet and bandage, rubber—no.	4	4	4	4
Trusses, single—no.	----	6	6	6
Tubes, drainage, rubber, Nos. 1, 2, and 3; of each—meters.	3	9	9	9
Urinals, white enamel—no.	3	24	----	36
Urinometers—no.	2	2	----	2
Total weight packed, about—lbs.	400	1,200	200	1,500

588. SURGICAL DRESSINGS.

Bandages, flannel, roller, 3-inch—doz.	3	6	6	6
Bandages, gauze, roller, sterilized, in protective covering, 144 in box, 3 sizes—gross.	15	30	30	30
Bandages, plaster of Paris, 3-inch, in individual packets—doz.	6	18	18	18
Cotton, absorbent, in rolls—kilos.	10	30	30	30
Cotton, absorbent, sterilized, in 30-gm. packages—pkgs.	800	2,400	2,400	2,400
First-aid packets (par. 616)—no.	----	----	2,500	----
Gauze, iodoform, in ½-meter package—pkgs.	50	150	150	150
Gauze, plain, sterilized, 1-meter, in two ½-meter lengths, in package—pkgs.	----	300	----	1,200
Gauze, plain, in 5-meter rolls—meters.	----	600	----	1,000
Gauze, sublimated, 1-meter, in two ½-meter lengths, in package, pkgs.	800	2,400	2,400	2,400
Muslin, unbleached—meters.	15	45	45	45

SURGICAL DRESSINGS—Continued.

	Field hospital.	Stationary hospital.	Advanced supply depot.	Base hospital.
Plaster, adhesive, zinc, on spools, 2½ cm. wide—no.	24	72	72	72
Plaster, adhesive, zinc, on spools, 5 cm. wide—no.	12	36	36	36
Plaster, moleskin—meters.	10	30	30	30
Plaster of Paris, in 2-kilo tin—tins.	5	15	15	15
Plaster, isinglass, in 1-meter roll—meters.	4	12	12	12
Silk, oiled, in 5-meter roll—meters.	5	15	15	15
Sponges, compressed, gauze, 4 doz. in box—boxes.	50	150	150	150
Surgical dressings, reserve, in box (par. 602)—boxes.			10	
Total weight packed, about—lbs.	850	2,400	3,000	2,500

589. MISCELLANEOUS.

Basins, wash, hand, agate ware, in nests—no.	20	60		60
Bottles, empty, 125 c. c—gross.		1	1	3
Boxes, collapsible, for pills and tablets—doz.	120	360	360	360
Boxes, ointment, in nests of 3—nests.	48	144	144	144
Brooms—no.	4	12	12	12
Brushes, scrubbing—no.	8	24	24	24
Buckets, galvanized iron—no.	24	48		48
Candlesticks, metal, folding, sets of 2—sets.	6	18	18	18
Corks, assorted, in bags of 12 dozen—bags.	1	3	3	3
Corkscrews—no.	3	9	9	9
Cups, spit, paper—doz.	6	18		18
Cups, spit, metal frames for—no.	24	24		24
Cups, tin, nests of 2—nests.	6	18		18
Dippers—no.	6	18		18
Hatchets—no.	2	6		6
Labels, for vials—gross.	2	6	6	6
Lanterns—no.	20	60		60
Lanterns, extra glasses for, red—no.	5	5	10	5
Lanterns, extra glasses for, white—no.	10	30	30	30
Lanterns, extra wicks for—gross.	1	6	3	3
Matches, safety, boxes—gross.	2	6	6	6
Needles, common—no.	2	6	6	6
Paper, toilet—pkgs.	100	300	300	500
Paper, wrapping, brown—qrs.	4	12	48	48
Thread, cotton—spools.	6	18	18	18
Twine, brown, fine—kilos.	1	3	3	3
Vials, 30 c. c—gross.	1	3	3	3
Weight when packed, about—lbs.	500	1,400	500	1,100
Total weight of articles, packed, furnished by Medical Department, about—lbs.	8,500	40,000	11,800	54,000

590. ALLOWANCE OF TENTAGE TRANSPORTATION AND SUPPLIES FURNISHED BY THE QUARTERMASTER'S DEPARTMENT.

(For tentage for personnel of Hospital Corps when in fixed camp, see par. 545.)

	Field hospital.	Stationary hospital.	Base hospital.
Ambulances complete, with spare parts and accessories (par 624)—no.		3	3
Ambulance guidons on lance staff as markers—no.	6		
Ax helves—no.	12	24	24
Axes—no.	8	16	16
Colors, camp, on lance staff—no.	6		
Field range, large (par. 619)—no.	1	3	5
Flag, Red Cross, with 50-foot halyards—no.	1	1	1
Flag, National Colors, storm, with 50-foot halyards—no.	1	1	1
Forbes' water sterilizing outfit (par. 614)—no.	1	3	3
Harness, single, lead (par. 626*b*)—sets.	16	10	10
Harness, single, wheel (par. 626a)—sets.	16	10	10
Mounts for Hospital Corps (see par. 544)—no.	8	5	As required.
Mules for ambulances and wagons—no.	32	20	20
Oil, illuminating, one month's allowance—galls.	30	90	90
Pickaxes—no.	2	3	3
Pickax helves—no.	4	6	6
Pins, tent, large—no.	500	1,500	2,200

ALLOWANCE OF TENTAGE TRANSPORTATION, ETC.—Continued.

	Field hospital.	Stationary hospital.	Base hospital.
Pins, tent, small ——no.	800	2,400	3,400
Rope, picket ——feet.	200	200	200
Shovels, long handle ——no.	2	6	6
Spades ——no.	2	6	6
*Stoves, tent** ——no.	20	60	———
*Stoves, tent, length of pipe for** ——no.	120	360	———
Straw, for bed sacks, as required (par. 1090, A. R.) ——	———	———	———
Tents, hospital, complete, cook tent and supplies ——no.	2	2	2
Tents, hospital, complete ——no.	21	63	100
Tents, wall, for officers ——no.	5	14	21
*Thimbles, for stovepipes, asbestos or metal** ——no.	20	60	———
Wagons, 4-horse, complete, with spare parts and accessories (par. 625) ——no.	8	2	2
Total weight, packed, exclusive of transportation, about——lbs.	6,100	17,000	24,000
Total weight of supplies furnished by Medical Department, about ——lbs.	8,500	40,000	54,000
Grand total, about ——lbs.	15,300	58,000	78,000
Clothing rolls of personnel ——	1,100	———	———
Five days' forage for 40 animals at 9 pounds each ——	1,800	———	———
Five days' rations for 54 men at 4 pounds each ——	1,080	———	———
Total weight carried by field hospital, exclusive of tentage for enlisted personnel ——	19,200	———	———

* Issued when necessary.

591. ARTICLES FURNISHED BY THE ORDNANCE DEPARTMENT.

The personal equipment of the men of the Hospital Corps, par. 628, and the horse equipments for the mounted men of the Hospital Corps, par. 627.

FOR THE REGIMENTAL HOSPITAL.

(Par. 551.)

592. The following is the equipment of the regimental hospital. The allowance of expendable articles mentioned herein is, under ordinary conditions, sufficient for three months.

	Number.	Approximate weight.
(*a*) FIELD CHESTS, CASES, AND CONTAINERS.		*Pounds.*
Case, bedding and clothing, unit, reserve (par. 623) ——units.	2	220
Case, bedding and clothing, tent unit (par. 621) ——units.	2	256
Case, emergency (par. 475), *carried by the sergeant first class and sergeants* ——no.	3	———
Case, furniture, tent unit (par. 622) ——units.	2	358
Chest, commode (par. 605) ——no.	1	62
Chest, detached service (par. 606) ——no.	1	111
Chest, food, filled (par. 607) ——no.	1	196
Chest, medical (par. 608) ——no.	1	130
Chest, mess, small (par. 610) ——no.	1	225
Chest, sterilizer (par. 611) ——no.	1	110
Chest, surgical (par. 612) ——no.	1	133
Desk, field (par. 613) ——no.	1	135
Medical books, box of (par. 601) ——no.	1	35
Pouches, Hospital Corps (par. 617) ——no.	6	———
Pouches, orderly's (par. 618) ——no.	3	———
Surgical dressings, reserve, box of (par. 602) ——no.	2	120
Total weight, about ——lbs.	———	2,091

FOR THE REGIMENTAL HOSPITAL—Continued.

	Number.	Approximate weight.
(*b*) MISCELLANEOUS.		
Basins, wash, hand, agate ware—no—	3	5
Brooms—no—	2	5
Brushes, scrubbing—no—	2	1
Buckets, agate ware, 3 in nest—nests—	1	10
Buckets, galvanized iron—no—	3	10
Candlesticks, metal, folding, sets of—sets—	2	1
Cups, spit, paper—doz—	1	----------
Cups, spit, metal frames for—no—	4	----------
Hatchet—no—	1	2
Lanterns—no—	2	5
Lanterns, glasses for, extra—no—	4	2
Lanterns, wicks for—doz—	1	----------
Litters with slings—no—	8	160
Paper, toilet—pkgs—	48	24
Twine, brown, fine, 250 gms. in ball—balls—	2	1
Total weight, about—lbs—	----------	226
(*c*) ALLOWANCE OF TENTAGE, TRANSPORTATION, AND SUPPLIES FURNISHED BY THE QUARTERMASTER'S DEPARTMENT.		
Ambulance guidons, 28 by 18 inches, on lance staff, as markers—no—	3	12
Ax helves—no—	4	4
Axes—no—	2	10
Colors, camp, 20 by 18 inches, on lance staff, as markers—no—	3	12
Flag, Red Cross, with 50-foot halyards—no—	1	6
Flag, National colors, storm, with 50-foot halyards—no—	1	6
Harness, single, sets, lead (par. 626*b*)—sets—	4	----------
Harness, single, sets, wheel (par. 626*a*)—sets—	4	----------
Mounts, for Hospital Corps (see par. 544)——	----------	----------
Mules, for wagons—no—	8	----------
Oil, illuminating, gallons—galls—	15	120
Pickax—no—	1	6
Pickax helves—no—	2	4
Pins, tent, large, extra—no—	50	35
Pins, tent, small, extra—no—	75	30
Range, field, small (par. 620)—no—	1	240
Shovel, long handle—no—	1	5
Spade—no—	1	5
Stoves, tent—no—	4	92
Stoves, tent, lengths of pipe for—no—	24	52
Straw, for bed sacks, as required (par. 1090, A. R.)—no—	----------	----------
Tents, hospital, complete, 1 for noncommissioned officers, 1 for privates, and 1 for cook tent—no—	3	600
Tents, hospital, complete, 2 for wards, 1 for dispensary and operating tent—no—	3	600
Thimbles, for stovepipe, asbestos or metal—no—	4	5
Wagons, complete, 4-horse, with spare parts and accessories (see par. 625)—no—	2	----------
Total weight, about—lbs—	----------	1,844
(*d*) ARTICLES FURNISHED BY THE ORDNANCE DEPARTMENT.		
The personal equipment of the men of the Hospital Corps, par. 628, and, where mounted, the horse equipments, par. 627.		
(*e*) The total weight of the regimental hospital is, exclusive of rations and forage, about——	----------	4,161

FOR THE REGIMENTAL INFIRMARY.

(Par. 552.)

593. The following equipment of the regimental hospital, par. 592, constitutes the regimental infirmary. The allowance of expendable articles contained in chests, etc., is, under ordinary conditions, sufficient for three months.

	Number.	Approximate weight.
(*a*) FIELD CHESTS, CASES, AND CONTAINERS.		
Case, bedding and clothing, tent unit (par. 621)—units	1	128
Case, emergency (par. 475), *carried by the sergeant first class and sergeants*—no.	3	
Chest, commode (par. 605)—no.	1	62
Chest, detached service (par. 606)—no.	1	111
Chest, food, filled (par. 607)—no.	1	196
Chest, medical (par. 608)—no.	1	130
Desk, field (par. 613)—no.	1	135
Pouches, Hospital Corps (par. 617)—no.	6	
Pouches, orderly's (par. 618)—no.	3	
Surgical dressings, reserve, box of (par. 602)—no.	2	120
(*b*) MISCELLANEOUS.		
Basins, wash, hand, agate ware—no.	3	5
Brooms—no.	2	5
Brushes, scrubbing—no.	2	1
Buckets, agate ware, 3 in nest—nests	1	10
Buckets, galvanized iron—no.	3	10
Candlesticks, metal, folding, set of two—sets	2	1
Hatchet—no.	1	2
Lanterns—no.	2	5
Lanterns, glasses for, extra—no.	4	2
Lanterns, wicks for—doz.	1	
Litters with slings—no.	8	160
Paper, toilet, packages—pkgs.	24	12
Twine, brown, fine, 250 gms. in ball—balls	2	1
Total weight, about—lbs.		1,096
(*c*) TENTAGE, TRANSPORTATION, AND SUPPLIES FURNISHED BY THE QUARTERMASTER'S DEPARTMENT.		
Ambulance guidons, 28 by 16 inches, on lance staff, as markers—no.	3	12
Ax helves—no.	4	4
Axes—no.	2	10
Colors, camp, 20 by 18 inches, on lance staff, as markers—no.	3	12
Harness, single, lead, sets (par. 626)—no.	2	
Harness, single, wheel, sets (par. 626)—no.	2	
Mounts, for Hospital Corps (see par. 544)		
Mules, for wagon—no.	4	
Oil, illuminating, gallons—galls.	10	80
Pickax—no.	1	6
Pickax helves—no.	2	4
Pins, tent, large, extra—no.	50	35
Pins, tent, small, extra—no.	75	30
Shovel, long handle—no.	1	5
Spade—no.	1	5
Straw for bed sacks, as required (par. 1090, A. R.)		
*Tents, hospital, complete, with flies, pins, and poles**—no.	2	400
Wagons, 4-horse, complete, with spare parts and accessories as listed in (par. 625)—no.	1	
Total weight, about—lbs.		603
(*d*) ARTICLES FURNISHED BY THE ORDNANCE DEPARTMENT.		
The personal equipment of the men of the Hospital Corps and, where mounted, the horse equipments, as required. For list of the former see par. 628; for list of the latter see par. 627.		
(*e*) The total weight of the regimental infirmary, exclusive of tentage for personnel, rations, and forage, is about—lbs.		1,700

* For tentage for personnel when in fixed camp see par. 545.

594. FOR AMBULANCE COMPANY SECTION OF FIELD HOSPITAL.

(1) Equipment of ambulance station (par. 521), carried in 4-mule wagon.

	Number.	Approximate weight.
(a) MEDICAL DEPARTMENT.		
Basins, white enamel—no.	3	15
Buckets, agate ware, 3 in nest—nests	1	10
Buckets, galvanized iron—no.	3	10
Case, bedding and clothing, tent unit (par. 621)—no.	2	256
Case, emergency (par. 475), *carried by sergeants first class and sergeants Hospital Corps*—no.	3	
Chest, commode (par. 605)—no.	1	62
Chest, detached service (par. 606)—no.	1	111
Chest, food, filled (par. 607)—no.	1	196
Lanterns—no.	6	15
Register and prescription books—no.	6	
Surgical dressings, reserve, box of (par. 602)—no.	4	240
(b) FURNISHED BY QUARTERMASTER'S DEPARTMENT.		
Axes—no.	2	10
Kettles, camp—no.	2	10
Pans, mess—no.	2	10
Tent, hospital, complete, with poles, fly, and pins—no.	1	200
Total weight, about—lbs.		1,145

(2) Equipment of the ambulance company (par. 554).

(a) FURNISHED BY THE MEDICAL DEPARTMENT.		
Desk, field (par. 613)—no.	1	135
Hatchets—no.	4	8
Lanterns—no.	12	30
Lanterns, glasses for, extra, red—no.	5	2
Lanterns, glasses for, extra, white—no.	10	5
Lanterns, wicks for—doz.	6	
Litters with slings—no.	20	400
Pouches, Hospital Corps (par. 617)—no.	65	
Pouches, orderly (par. 618)—no.	3	
Travois—no.	4	320
Total weight, about—lbs.		900
(b) FURNISHED BY THE QUARTERMASTER'S DEPARTMENT.		
Ambulances, complete, with spare parts and accessories (see par. 624)—no.	12	
Ambulance guidons, 28 by 16 inches, on lance staff, as markers—no.	6	24
Axes—no.	6	30
Ax helves—no.	16	16
Colors, camp, 20 by 18 inches, on lance staff, as markers—no.	6	24
Field range, large (par. 619)—no.	1	360
Harness, single, sets, lead (par. 626)—no.	30	
Harness, single, sets, wheel (par. 626)—no.	30	
Harness, travois—no.	4	60
Mounts for Hospital Corps (par. 544a)—no.	11	
Mules for ambulances and wagons—no.	60	
Mules, pack (par. 544c)—no.	4	
Oil, illuminating (see par. 624)		
Pickaxes—no.	2	12
Pickax helves—no.	4	8
Pins, tent, large, extra—no.	50	35
Pins, tent, small, extra—no.	75	30
Rope, picket—feet.	250	60
Saddles, pack—no.	4	
Shovels, long-handled—no.	2	10
Spades—no.	2	10
Stoves, tent, as required—no.		
*Tents, hospital, for personnel, and cook tent, with poles and pins**—no.	11	2,200
Wagons, 4-horse, complete, with extra parts and accessories (par. 625)—no.	3	
Total weight, about—lbs.		2,879
(c) SUPPLIES FURNISHED BY THE ORDNANCE DEPARTMENT.		
The personal equipment of the men of the Hospital Corps and, where mounted, the horse equipments. For list of the former see par. 628; for list of the latter see par. 627.		
The approximate weight of equipment of ambulance company is—lbs.		5,000
Five days' rations for 77 men		1,540
Total weight, exclusive of forage and the articles listed in par. 595, about—lbs.		6,540

* When in fixed camp see par. 545.)

595. ADDITIONAL ARTICLES CARRIED BY EACH AMBULANCE COMPANY SECTION, SUPPLIED BY QUARTERMASTER'S DEPARTMENT.

(a) Extra Articles Carried in Wagon No. 1.		
Bolts, carriage, $\frac{5}{16}$ by 3 inches	no.	25
Bolts, carriage, $\frac{3}{8}$ by 3 inches	no.	25
Bolts, carriage, $\frac{3}{8}$ by 7½ inches	no.	9
Bolts, carriage, ¼ by 2 inches	no.	25
Bolts, carriage, ¼ by 2½ inches	no.	25
Bolts, carriage, $\frac{3}{8}$ by 5 inches	no.	25
Links, open, ¼-inch, iron	no.	200
Links, open, ½-inch, iron	no.	200
(b) Blacksmith's and Farrier's Tools.		
Anvil, small	no.	1
Apron	no.	1
Chisels:		
Cold and handled	no.	2
Hot (cleaver)	no.	1
Cold, hand	no.	1
Clinch cutter (buffer)	no.	1
Clinch iron	no.	1
Dividers	no.	1
File, 12-inch, bastard	no.	1
Forge, portable	no.	1
Hammers:		
Hand ball peen	no.	1
Riveting	no.	1
Shoeing	no.	1
Sledge	no.	1
Hardie	no.	1
Knife, farrier's	no.	1
Nippers:		
Pair	no.	1
Hoof, pair	no.	1
Pincers	no.	1
Pritchel	no.	1
Punches, round, hand, assorted	no.	3
Rasps, 16-inch	no.	6
Set stocks and dies, ¼, $\frac{5}{16}$, $\frac{3}{8}$, $\frac{7}{16}$, ½, $\frac{5}{8}$, and ¾ inch	no.	1
Tongs:		
Shoeing, pair	no.	1
Large, pairs	no.	2
Vise, small	no.	1
Wrenches:		
Monkey—		
8-inch	no.	1
12-inch	no.	1
S-wrench	no.	1
And also the following supplies:		
Nails, horseshoe, No. 5	no.	1,000
Nails, horseshoe, No. 6	no.	1,000
Nails, horseshoe, No. 7	no.	500
Shoes, horse, No. 3, front and rear	no.	14
Shoes, horse, No. 4, front and rear	no.	32
Shoes, horse, No. 5, front and rear	no.	14
Shoes, mule, No. 1	no.	20
Shoes, mule, No. 2	no.	50
Shoes, mule, No. 3	no.	90
Shoes, mule, No. 4	no.	40
(c) Saddler's Tools and Supplies.		
Awls:		
Collar	no.	1
Round	no.	1
Bench, folding, 72 by 24 inches, legs 37 inches long	no.	1
Blades, awl, and handles, 3 each of 6 sizes	no.	18
Brush, glue, small	no.	1
Can, oil, small	no.	1
Chest, tool, saddler's combination	no.	1
Chisel, cold	no.	1
Creaser, iron	no.	1
Cup, tin, pint	no.	1
Dividers, pair	no.	1
File, rat-tail	no.	1
Hammers:		
Riveting	no.	1
Shoe	no.	1
Tack	no.	1
Horse, stitching	no.	1
Knives:		
Gauge	no.	1
Head	no.	1
Round	no.	1
Shoe	no.	1
Nippers, pair, medium	no.	1

ADDITIONAL ARTICLES CARRIED, ETC.—Continued.

Punches:		
Revolving, 6 tubes	no.	1
Round, 1 each Nos. 2 and 9	no.	2
Pliers, pair, small	no.	1
Rule, 36-inch	no.	1
Screw-driver, small	no.	1
Set, rivet	no.	1
Shears, pair	no.	1
Slicker, glass	no.	1
Stone, oil	no.	1
Thimbles	no.	2
Tickler	no.	1
Tool:		
Claw	no.	1
Edge, common	no.	1
Vise, small	no.	1

596. EQUIPMENT OF THE ADVANCED MEDICAL SUPPLY DEPOT.

The advanced supply depot should be provided with the following equipment:

(*a*) FURNISHED BY THE MEDICAL DEPARTMENT.		
Desk, field (par. 613)	no.	1
Record books (par. 401); of each	no.	1
The following blank forms listed in paragraph 90:		
Form 1	no.	12
Form 2	no.	6
Form 3	no.	6
Form 4	no.	12
Form 5	no.	100
Form 6	no.	18
Form 12	no.	20
Form 13	no.	20
Form 14	no.	20
Form 16	no.	6
Form 17	no.	18
Form 18	no.	18
Form 19	no.	18
Form 20	no.	18
Form 22	no.	12
Form 24	no.	100
Form 25	no.	24
Form 27	no.	100
Form 28	no.	24
Form 32	no.	30
Form 34	no.	18
Form 35	no.	50
Form 61	no.	6
Miscellaneous:		
Basins, wash, hand, agate ware	no.	3
Brooms	no.	2
Brushes, scrubbing	no.	2
Buckets, galvanized iron	no.	3
Lanterns	no.	6
Lanterns, wicks for	doz.	6
Paper, wrapping	qrs.	30
Paper, letter, typewriter	qrs.	10
Tools, chest of (par. 486)	no.	1
Twine, fine	kilos.	2
Typewriter	no.	1
(*b*) TENTAGE, TRANSPORTATION, AND SUPPLIES, FURNISHED BY THE QUARTERMASTER'S DEPARTMENT.		
Axes	no.	3
Ax helves	no.	6
Field range, small (par. 620)	no.	1
Harness, single, sets, lead (par. 626)	sets.	12
Harness, single, sets, wheel (par. 626)	sets.	12
Mounts for Hospital Corps (par. 544)	no.	3
Mules for wagons	no.	24
Oil, illuminating	galls.	5
Paulins	no.	3
Pickax	no.	1
Pickax helves	no.	2
Pins, tent, large	no.	50
Pins, tent, small	no.	200
Shovel, long handle	no.	1
Spade	no.	1

EQUIPMENT OF THE ADVANCED MEDICAL SUPPLY DEPOT—Cont'd.

Tents, hospital, complete—no.	5
Tent, wall, officer's—no.	1
Wagons, ¼-horse, complete, with spare parts and accessories (see par. 625)—no.	6
(*c*) ARTICLES FURNISHED BY THE ORDNANCE DEPARTMENT.	
The personal equipment of the men of the Hospital Corps and, where mounted, the horse equipments, as required. For list of the former see par. 628. For list of the latter see par. 627.	
Weight of equipment of advanced supply depot, about—lbs.	1,650
Weight of supplies carried listed in pars. 582–589—lbs.	11,800
Total weight carried, exclusive of rations and forage, about—lbs.	13,450

597. OFFICE EQUIPMENT ALLOWED FOR CHIEF SURGEON OF CORPS, DIVISION SURGEON, AND BRIGADE SURGEON.

	Corps.	Division.	Brigade.
Chairs, folding—no.	8	6	4
Desk, field (par. 613)—no.	3	2	1
Tables, mess, folding—no.	3	2	1
Typewriters—no.	2	2	1
Case, emergency (par. 475)—no.	1	1	1
Basins, wash, hand—no.	6	4	3
Brooms—no.	3	2	1
Brushes, scrubbing—no.	3	2	1
Buckets, galvanized, iron—no.	3	3	3
Dippers—no.	3	3	3
Hatchet—no.	1	1	1
Lanterns—no.	6	4	2
Lantern wicks—doz.	1	1	1
Matches, boxes—gross.	1	1	1
STATIONERY.			
Bands, rubber, small and medium—gross.	4	2	1
Blank books, cap, 4-quire—no.	4	2	1
Blank books, 8vo, 4-quire—no.	4	2	1
Envelopes, official, large—no.	100	50	25
Envelopes, official, letter—no.	400	200	100
Envelopes, official, note—no.	100	50	25
Erasers, rubber, pieces—no.	8	4	2
Fasteners, paper boxes—no.	4	2	1
Ink, writing, in 125 c. c. bottles—botts.	4	2	1
Ink, carmine, in 30 c. c. bottles—botts.	4	2	1
Mailing tubes—no.	24	12	6
Mucilage, bottles—no.	4	2	1
Paper, blotting, quires—no.	4	2	1
Paper, carbon, 50 sheets in box—boxes.	1	1	1
Paper, legal cap, quires—no.	12	6	3
Paper, manifolding, 500 sheets in box—boxes.	3	2	1
Paper, note, quires—no.	4	2	1
Paper, writing, letter, quires—no.	24	12	6
Paper, typewriting, letter, quires—no.	48	24	12
Paste, photographer's, in compressible tube, with brush and screw top, in 60-gm. tube—tubes.	8	4	2
Pencils, lead—no.	48	24	12
Penholders—no.	24	12	6
Pens, steel, gross—no.	2	1	1
RECORD BOOKS, ETC., MEDICAL DEPARTMENT.			
Information slip book—no.	4	2	1
Letters received—no.	1	1	1
Letters sent—no.	1	1	1
BLANKS, MEDICAL DEPARTMENT.			
List of patients suffering from epidemic diseases, Form 54—no.	24	12	6
Report of open market emergency purchase, Form 13—no.	24	12	6

CONTENTS OF CHESTS, CASES, ETC.

598. AMBULANCE BOX OF HOSPITAL STORES.

(Metal box, packed in rectangular galvanized-iron boiler with lid, inclosed in iron fire grate, carried under body of ambulance furnished by Q. M. D.)

Arrowroot, in 250-gm. package—pkgs.	4
Beef, liquid or extract, in 100 c. c. containers—containers.	6
Brandy, in 1-liter bottle—bott.	1
Can opener—no.	1
Chocolate, sugared, hard, in foil-covered cakes—lbs.	3
Condensed milk, unsweetened, or cream, in 500-gm. commercial tin—tins.	6
Malted milk, in 1-lb. bottle—botts.	2
Matches, safety, in waterproof tin—boxes.	2
Pepper, black, ground, in dredge with screw cap—ounce.	1
Salt, in dredge with screw cap—ounce.	3
Sugar, white, granulated—lbs.	3
Tea, black or green—lbs.	½

599. AMBULANCE BOX OF SURGICAL DRESSINGS.

(Metal box, packed in rectangular water boiler with lid, inclosed in iron fire grate, carried under body of ambulance furnished by Q. M. D.)

Antiseptic tablets, 250 in 250 c. c. bottle—bott.	1
Bandages, plaster of Paris, 3-inch, in individual packets—no.	6
Bandages, gauze, roller, sterilized, 2½ inches—no.	24
Chloroformum, in 150 c. c. tin—tin.	1
Cotton, absorbent, sterilized, in 30-gm. packages—pkgs.	12
First-aid packets (par. 616)—no.	24
Gauze, bichlorid, sterilized, 2½-meter lengths, in package—pkgs.	36
Pins, safety—dozen.	4
Plaster, adhesive, zinc, on spools 5 cm. wide—spools.	12

600. BATH-TUB SET.

(Iron-bound wooden chest, with two hasps and buttons, weight 75 pounds.)

Tub, bath, folding, rubbered duck, 6-foot—no.	1
Tub, bath, folding, rubbered duck, 5½-foot—no.	1

601. BOX OF MEDICAL BOOKS.

(Iron-bound pine box with hinged lid, hasp, and padlock, weight about 35 pounds.)

Contains such works on surgery, practice of medicine, therapeutics, military hygiene, tropical diseases, and nursing as may be selected by the Surgeon General

The printed list of books on the inside of lid signed by the officer in charge of a supply depot will be the authorized list of contents.

602. BOX OF SURGICAL DRESSINGS, RESERVE.

(Wooden box with hinged lid and hasp, weight about 60 pounds.)

Bandages, gauze, roller, sterilized, 2½ inches, in protective covering, each 6 meters—no.	124
Bandages, plaster of Paris, in individual packets—doz.	1
Cotton, absorbent, sterilized, in 30-gm. sealed packets—packets.	72
First-aid packets (par. 616)—no.	24
Gauze, sublimated, 1 meter in two ½-meter lengths, in package—pkgs.	96
Ligatures, silk, braided, sterilized, in envelopes, 3 sizes in package—pkgs.	24
Pins, safety, 3 sizes—doz.	6
Plaster, zinc, adhesive, 2½ cm. wide, on spools—spools.	12
Soap, green, 250-gm. jars, in cylindrical wooden case—jar.	1
Sponges, compressed, gauze, 4 dozen in box—boxes.	10
Splints, wire gauze for, in ½-meter lengths—lengths.	12
Splints, wood, veneer—no.	12
Tags, diagnosis, 25 in book—books.	10

603. CASE, OPERATING, SMALL.

(In canvas roll or wooden case in detached service chest.)

Bistoury, curved, probe-pointed	no.	1
Bistoury, straight, sharp-pointed	no.	1
Catheter, male, plated	no.	1
Chisel	no.	1
Director, grooved, with myrtle leaf	no.	1
Elevator and scoop	no.	1
Forceps, bone, corrugated handles, scooped out	no.	1
Forceps, bullet and dressing, combined, Forwood's	no.	1
Forceps, dissecting, mouse-tooth	no.	1
Forceps, hœmostatic	no.	6
Handle for amputating knife	no.	1
Knife, amputating	no.	1
Ligature, horsehair	coil	1
Ligature, silk, iron-dyed and white, on card	cards	3
Ligature, silkworm gut	coil	1
Needle, aneurism	no.	1
Needle holder	no.	1
Needles, surgical, assorted, gold-plated	doz.	2
Probe, double, silver	no.	1
Saw, amputating, lifting back	no.	1
Scalpels	no.	3
Scissors, curved on flat, with Collins' lock	no.	1
Scissors, straight, with Collins' lock	no.	1

604. CHEST, ACETYLENE ILLUMINATING OUTFIT.

(Brass-bound chest, with hasp and button, weight 74 pounds.)

PACKED IN CORNERS OF CHEST.		
Canisters, three-cornered, for calcium carbide	no.	4
COILED ON TOP OF GENERATOR.		
Tube, distributing, rubber, ⅝-inch	ft.	50
PACKED INSIDE ACETYLENE GENERATOR.		
Bucket, water, with bail	no.	1
Burner tips, acetylene, extra, ½-foot	no.	6
Can, metal, with lid, for holding extra parts	no.	1
Carbide, magazine, automatic feed, screwed inside gas bell	no.	1
Clamp, tent pole to support distributing pipe	no.	3
Diaphragm, rubber, extra	no.	1
Drop pipe, screw, metal, for operating cluster fixture	no.	1
Drier and filter, acetylene gas	no.	1
Felt, extra, for drier and filter	pieces.	2
Fixture and burner, ward, L-shaped	no.	1
Fixture and cluster of 4 burners, operating light	no.	1
Funnel, metal, for charging carbide feed magazine	no.	1
Gas bell	no.	1
Heat deflector, for operating light fixture	no.	1
Pincers, gas fitter's	no.	1
Pipe, distributing, metal, 2-way, with tube clips	no.	2
Pipe, distributing, metal, 3-way, with stopcock and tube clips	no.	1
Reflector, metal	no.	1
Reflector support, with tube clip	no.	1
Screw-driver	no.	1
Washers, extra	no.	6
Water container, outside, with clips	no.	1
White lead, in compressible tube	tube.	1

605. CHEST, COMMODE.

(Iron-bound wooden chest, with hinged top, removable bottom, and hasp and button, weight 62 pounds.)

Bedpan, agate ware	no.	1
Chamber pot, agate ware	no.	1
Paper, toilet	pkgs.	6
Spit cup, agate ware	no.	1
Urinal, agate ware	no.	1

606. CHEST, DETACHED SERVICE.

(Brass-bound oaken chest, with padlock and two keys, in canvas cover, with hinged crate, weight 111 pounds.)

This chest is for issue to a regiment, battalion, or smaller organization for field use. Each regiment in the field will ordinarily be issued one of these chests, in addition to the medical chest and boxes of surgical dressings, listed under paragraphs 608 and 602.

Aprons, rubber, in bag	no.	2
Bands, rubber, in pouch	no.	16
Bag, rubber, hot-water and syringe combined	no.	1
Bag for towels, etc	no.	1
Bandages, gauze, 2½, 3, and 3½ inches	no.	80
Bandages, plaster of Paris, in individual packets	no.	6
Bandages, rubber	no.	1
Basins, rubber, in bag	no.	2
Blank book	no.	1
Boxes for tablets, folding	gross.	1
Boxes, ointment, wooden, in nests of 3	nests.	8
Brushes, hand, scrub	no.	6
Case, operating, small (par. 603)	no.	1
Catheters, soft rubber, sizes 17, 20, and 24, French scale, in tin	no.	3
Chloroformum, in 150 c. c. tins	tins.	3
Cots, finger, rubber, in pouch	no.	8
Cotton, absorbent, 30-gm. packages	pkgs.	26
Cup tin	no.	1
Forceps, hæmostatic, in case, set of 12 (par. 462)	no.	1
Forceps, tooth extracting, in case, set of 3	set.	1
Gauze, sublimated, 1-meter, in two half-meter lengths, in package	pkgs.	40
Gloves, rubber, in pouch, in bag	pairs.	2
Inhaler, chloroform, Esmarch's	no.	1
Iodoform sprinkler, filled	no.	1
Ligature, catgut, sterilized, in envelopes, 3 sizes in package	pkgs.	10
Ligature, silk, sterilized, in envelopes, 3 sizes in package	pkgs.	15
Magnesii sulphas, 1½ kilos, in 1,500 c. c. tin	tin.	1
Matches, safety	boxes.	6
Medicine glass in wooden case	no.	1
Mortar and pestle	no.	1
Pencils, lead	no.	2
Petrolatum, in 350 c. c. tin	tins.	2
Phenol, cryst., in 350 c. c. bottle	bott.	1
Pins, common	paper.	1
Pins, safety	doz.	2
Plaster, zinc, adhesive, 2½ cm. by 10 meters	spools.	3
Plaster, sinapis, 4 meters by 15 cm., in tin	tin.	1
Pouch for gloves, etc	no.	1
Razor	no.	1
Shears	no.	1
Soap, germicidal	cakes.	2
Soap box, with toilet soap	no.	1
Spatula	no.	1
Sponges, gauze, compressed, 4 dozen in box	box.	1
Spoons, tea	no.	1
Syringe, hypodermic, with 6 tubes of tablets, 2 needles, and bundle of wires for needles	no.	1
Syringe, hypodermic, extra needles and washers for	no.	12
TABLETS.		
Acetphenetidinum (phenacetin), 324-mgm., 725 in 350 c. c. tin	tin.	1
Antiseptic, 350 in 350 c. c. tin	tin.	1
Bismuthi subnitras, 324-mgm., 725 in 350 c. c. tin	tin.	2
Glycyrrhizæ mistura composita, 2,000 in 150 c. c. tin	tin.	1
Hydrargyri chloridum mite, 32-mgm., 2,000 in 150 c. c. amber-colored glass bottle	bott.	1
Hypodermic, apomorphinæ hydrochloridum, 6-mgm	tubes.	3
Hypodermic, atropinæ sulphas, 0.65-mgm	tubes.	7
Hypodermic, cocainæ hydrochloridum, 10-mgm	tubes.	7
Hypodermic, digitalinum, 1-mgm	tubes.	10 } 1
Hypodermic, glycerylis nitras (nitroglycerin), 0.65 mgm	tubes.	8 } tin.
Hypodermic, morphinæ sulphas, 8-mgm	tubes.	45
Hypodermic, quininæ hydrochlorosulphas, 32-mgm	tubes.	10
Hypodermic, strychninæ sulphas, 1-mgm	tubes.	27
Pilulæ camphoræ et opii, 875 in 350 c. c. tin	tin.	2
Pilulæ, cathartic æ compositæ, 1,200 in 350 c. c. tin	tin.	2
Potassii bromidum, 324-mgm., 1,200 in 350 c. c. tin	tin.	1
Quininæ sulphas, 200-mgm., 725 in 350 c. c. tin	tin.	3
Sodii salicylas, 324-mgm., 725 in 350 c. c. tin	tin.	1
MISCELLANEOUS.		
Tags, diagnosis, 25 in book	books.	2
Thermometers, clinical	no.	6
Tins, enameled, as containers	no.	19
Tongue depressor	no.	1
Tourniquet, rubber, strap and chain	no.	1
Towels, hand, in bag	no.	6
Tubes, drainage, 2 sizes, in tin	no.	2
Washers, extra, for tins, in tin	no.	17

607. CHEST, FOOD.

(Iron-bound wooden chest with padlock, weight 196 pounds.)

Arrowroot, in 250-gm. package	pkgs.	12
Beef, soluble, liquid or extract, in 100 c. c. containers	containers.	24
Can opener	no.	1
Candles, 6 to the pound	no.	30
Chocolate, sugared, hard, in foil-covered cakes	lbs.	4½
Cinnamon, ground	ounces.	3
Condensed milk, unsweetened, or cream, in 500-gm. commercial tin	tins.	18
Malted milk, in 1-pound bottle	lbs.	15
Nutmeg, whole	ounces.	3
Rolled oats, or equivalent preparation	lbs.	10
Sugar, granulated	lbs.	30
Soup, mock turtle or ox-tail, in 500 c. c. tins	tins.	24
Tea, green or black	lbs.	2
Tins, with screw caps, as containers	no.	11

608. CHESTS, MEDICAL.

(Brass-bound oaken chest, with padlock and two keys, in canvas cover and hinged crate; weight 125 pounds.)

Alcohol, in 250 c. c. bottles	bott.	1
Ammoniæ, spiritus aromaticus, in 250 c. c. bottle	bott.	1
Amylis nitris, pearls, 1 dozen in box	box.	1
Argenti nitras, 15 cones, each 2 gm., in waxed paper, in tin	tin.	1
Atomizer, hand	no.	1
Bags for towels, etc	no.	1
Bags, rubber, hot water and syringe	no.	2
Blank book	no.	1
Boxes for tablets, folding	gross.	3
Boxes, ointment, nests of 3	nests.	8
Corkscrew	no.	1
Corks, extra, for 250 c. c. bottle	no.	6
Corks, for vials, in bag	no.	48
Cups, tin	no.	2
Emplastrum belladonnæ, 2 meters by 15 cm., in tin	tins.	2
Emplastrum cantharidis, 1 meter by 15 cm., in tin	tin.	1
Emplastrum sinapis, 4 meters by 15 cm., in tin	tins.	2
Graduate	no.	1
Glycerinum, in 250 c. c. bottle	bott.	1
Labels for vials	no.	50
Magnesii sulphas, in 1,500 c. c. tin	tins.	3
Matches, safety	boxes.	6
Medicine droppers	no.	6
Medicine glass in *leather case*	no.	1
Mortar and pestle	no.	1
Oleum terebinthinæ, in 250 c. c. bottle	bott.	1
Paper, litmus	book.	1
Pencils, camel's-hair	no.	12
Pencils, lead	no.	2
Petrolatum, 350 gms. in 350 c. c. tin	tins.	2
Pill tile	no.	1
Spatula	no.	1
Stethoscope, double	no.	1
Stomach tubes	no.	2
Syringes, hypodermic, with 6 tubes of tablets, 2 needles, and 1 bundle of wires for needles	no.	2
Syringe, hypodermic, extra needles and washers for	no.	12
Syringes, penis, glass, in wooden cases	no.	6
Syringes, rectal, hard rubber	no.	1
TABLETS.		
Acetphenetidinum (phenacetin), 324-mgm., 725 in 350 c. c. tin	tins.	2
Acidum, boricum, 324-mgm., 350 in 150 c. c. tin	tins.	2
Ammonii chloridi trochisci, 150 in 150 c. c. tin	tins.	2
Antiseptic, 350 in 350 c. c. tin	tin.	1
Arseni trioxidum, 1-mgm., 875 in 80 c. c. tin	tin.	1
Bismuthi subnitras, 324-mgm., 725 in 350 c. c. tin	tins.	2
Caffeina citrata, 65-mgm., 875 in 80 c. c. tin	tin.	1
Chloralum hydratum, 324-mgm., 450 in amber-colored glass bottle	bott.	1
Codeina, 32-mgm., 875 in 80 c. c. tin	tin.	1
Digitalis tinctura, 0.3 c. c., 875 in 80 c. c. tin	tin.	1
Glycyrrhizæ mistura composita, 2,000 in 150 c. c. tin	tin.	1
Hydrargyri chloridum mite, 32-mgm., 2,000 in 150 c. c., amber-colored glass bottle	bott.	1
Hydrargyri idodidum flavum, 10-mgm., 2,000 in 150 c. c. tin	tin.	1
Hypodermic, apomorphinæ hydrochloridum, 6-mgm	tubes.	3
Hypodermic, atropinæ sulphas, 0.65-mgm	tubes.	7
Hypodermic, cocainæ hydrochloridum, 10-mgm	tubes.	7
Hypodermic, digitalinum, 1-mgm	tubes.	10
Hypodermic, glycerylis nitras (nitroglycerin) 0.65-mgm	tubes.	8
Hypodermic, hyoscinæ hydrobromidum, 0.65-mgm	tubes.	3
Hypodermic, morphinæ sulphas, 8-mgm	tubes.	40
Hypodermic, quininæ hydrochlorosulphas, 32-mgm	tubes.	10

CHESTS, MEDICAL—Continued.

Hypodermic, strychninæ sulphas, 1-mgm	tubes	22
Ipecacuanha, 65-mgm. tablets, 875 in 80 c. c. tin	tin	1
Ipecacuanha et opii pulvis, 324-mgm., 365 in 150 c. c. tin	tins	4
Opii tinctura, in 250 c. c. bottle	bott	1
Phenylis salicylas (salol), 324-mgm., 350 in 150 c. c. amber-colored bottle	bott	1
Pilulæ aloini compositæ, 875 in 80 c. c. tin	tin	1
Pilulæ camphoræ et opii, 875 in 350 c. c. tin	tins	2
Pilulæ catharticæ compositæ, 1,200 in 350 c. c. tin	tins	2
Plumbi acetas, 130-mgm., 875 in 80 c. c. tin	tin	1
Potassii iodidum, 324-mgm., 1,200 in 350 c. c. tin	tin	1
Quininæ sulphas, 200-mgm., 725 in 350 c. c. tin	tins	4
Sodii bicarbonas, 324-mgm., 500 in 150 c. c. tin	tin	1
Sodii bicarbonas et mentha, pip., 565 in 150 c. c. tin	tin	1
Sodii salicylas, 324-mgm., 725 in 350 c. c. tin	tin	1
Sulphonmethanum (sulphonal), 324-mgm., 725 in 350 c. c. tin	tin	1
Zinci sulphas, 324-mgm., 240 in 80 c. c. tin	tin	1
MISCELLANEOUS.		
Tape measure	no	1
Teaspoon	no	1
Test tubes, in nest of 3	nests	2
Thermometers, clinical	no	4
Tins, enameled	no	43
Tongue depressor	no	1
Towels, hand	no	6
Trusses, single, either side	no	3
Vials, empty, 30 c. c.	no	12
Washers, rubber, extra for tins, in round tin	no	43

609. CHEST, MESS, LARGE, FOR 108 PATIENTS.

(Iron-bound wooden chest, with four handles, two hasps, and buttons; weight 370 pounds.)

Batter whip and mixer	no	1
Biscuit cutter, patent rotary	no	1
Board, bread	no	1
Bowls, extra deep, soup and coffee	no	100
Bowls, extra	no	6
Cake turner, medium size	no	1
Can openers	no	2
Chopper, large, "Enterprise," meat and vegetable	no	1
Cleaner and scraper, pot, wire	no	1
Cleaver, butcher's, large	no	1
Cook book, Army	no	1
Corkscrew and opener	no	1
Dipper	no	1
Dishes, vegetable and pudding, agate ware	no	6
Dredges, salt and pepper; of each	no	6
Egg whisk, patent	no	1
"Emergency diet for the sick." Munson	copy	1
Forks, serving	no	4
Forks, steel, triple-plated	no	100
Hatchet, claw	no	1
Knife, butcher's	no	1
Knife and saw, combination	no	1
Knives, steel, triple-plated	no	100
Ladle, soup, for serving	no	1
Lantern, brass	no	1
Masher, potato, and rolling-pin	no	1
Match safe and box, covered	no	1
Mill, coffee, steel, large	no	1
Nails, assorted, box	no	1
Nutmeg grater, patent	no	1
Pitcher, serving, large, agate ware	no	1
Pitcher, serving, small, agate ware	no	1
Plates, deep, agate ware	no	100
Plates, dinner, bread, extra	no	6
Platters, meat, large	no	6
Rope, 2-cm	coil	1
Saucers, extra	no	6
Saucers, extra deep	no	100
Sickle	no	1
Soap box, covered	no	1
Spice box and grater, cans	no	6
Spoons, serving	no	4
Spoons, triple-plated	no	100
Squeezer, lemon, patent	no	1
Steel, butcher's, large	no	1
Tea steeper	no	1
Tea strainer	no	1
Towels, dish	no	12
Trays, serving, large	no	6
Wire, annealed, large	coil	1
Wire cutter and pliers	no	1

610. CHEST, MESS, SMALL, FOR 25 PATIENTS.

(Iron-bound wooden chest, with four handles, two hasps, and buttons; weight 225 pounds.)

Batter whip and mixer	no.	1
Bowls, extra, agate ware	no.	4
Bowls, soup and coffee, agate ware	no.	25
Box, covered, soap	no.	1
Box, covered, match safe	no.	1
Bread board	no.	1
Can opener	no.	1
Chopper, meat and vegetable	no.	1
Cleaver, butcher's	no.	1
Cook book, Army	no.	1
Corkscrew and opener	no.	1
Cutter, rotary, biscuit	no.	1
Dipper	no.	1
Dishes, agate ware, vegetable	no.	4
Egg whisk, patent	no.	1
"Emergency diet for the sick." Munson	copy	1
Forks, plated, steel	no.	25
Forks, serving	no.	2
Hatchet, claw	no.	1
Knife, butcher's, large	no.	1
Knife and saw, combination	no.	1
Knives, plated, steel	no.	25
Ladle, soup, for serving	no.	1
Lantern, brass	no.	1
Mill, coffee, large	no.	1
Nutmeg grater, patent	no.	1
Nails, assorted	box.	1
Pitcher, agate ware, serving, large	no.	1
Pitcher, agate ware, serving, small	no.	1
Platters, meat	no.	4
Plates, deep, agate ware	no.	25
Plates, extra, bread, agate ware	no.	4
Potato masher and rolling-pin	no.	1
Rope, 2-cm	coil.	1
Salt and pepper dredges; of each	no.	4
Saucers, deep, agate ware	no.	25
Saucers, extra, agate ware	no.	4
Spoons, plated, steel	no.	25
Spoons, serving	no.	4
Spice box and grater, can	no.	1
Squeezer, patent, lemon	no.	1
Steel, butcher's	no.	1
Tea steeper	no.	1
Tea strainer	no.	1
Towels, dish	no.	8
Trays, serving	no.	4
Turner, cake, medium size	no.	1
Wire, annealed, large	coil.	1
Wire cutter and pliers	no.	1
Wire pot-cleaner and scraper	no.	1

611. CHEST, STERILIZER.

(Brass-bound oaken chest, with padlock and two keys, in canvas cover and hinged crate; weight 110 pounds.)

Aprons, rubber	no.	3
Bandages, gauze, 2½ and 3 inch	no.	30
Bands, rubber	no.	32
Basins, rubber	no.	4
Brushes, hand, scrub	no.	6
Corks, extra, for 250 c. c. bottles	no.	6
Cots, finger	no.	16
Filter, Berkefeld, with stirrup, intake tube, wrench, and brush, directions, extra washers, and extra cylinder	no.	1
Gauze, sublimated, 1 meter, in two half-meter lengths in package	pkgs.	24
Gloves, rubber, sizes 8 and 9	pairs.	8
Lamp and stand (Primus)	no.	1
Matches, safety	boxes.	6
Phenol, in 250 c. c. bottle	botts.	4
Pouch for gloves, etc	no.	2
Soap box, with toilet soap	no.	1
Soap, germicidal	cakes.	5
Soap, green, in 250-gm. jars, in cylindrical wooden case	jars.	2
Sterilizer	no.	1
Tank for kerosene	no.	1
Tool, universal	no.	1
Towels, hand	no.	24
Trays, instrument, white enamel, nested	no.	2

612. CHEST, SURGICAL.

(*Brass-bound oaken chest, with padlock and two keys, in canvas cover and hinged crate; weight 133 pounds.*)

Alcohol, in 750 c. c. bottle	botts	2
Aspirator (the rubber stopper fits the 750 c. c. bottle)	no	1
Bags for towels, etc	no	1
Bags, rubber, hot water and syringe	no	2
Bandages, gauze, 2½, 3, and 3½ inches, 11 in left bottom	no	54
Bandages, rubber	no	2
Bandages, suspensory	no	4
Blank book	no	1
Bougies, in flat tin, Nos. 11, 14, 15, 17, 20, and 22, French scale	no	6
Brandy, in 750 c. c. bottle	botts	2
Case, general operating, with strap (par. 460)	no	1
Case, pocket, with cover (par. 461)	no	1
Case, tooth-extracting, six dental forceps and one elevator, in chamois-lined canvas or leather case	no	1
Catheters, soft rubber, sizes 15, 17, 18, 20, 22, 24, French scale, in flat tin	no	6
Chloroformum, in 150 c. c. tins	tins	16
Corkscrew	no	1
Corks, extra, for 250 and 750 c. c. bottles	no	6
Cotton, absorbent, in 30-gm. package	pkgs	8
Cups, tin	no	2
Gauze, sublimated, 1 meter, in two half-meter lengths in package	pkgs	12
Inhaler, chloroform, Esmarch's	no	1
Iodoform, sprinkler, filled	no	1
Ligature, catgut, sterilized, in envelopes, 3 sizes in package	pkgs	20
Ligature, silk, sterilized, in envelopes, 3 sizes in package	pkgs	40
Matches, safety	boxes	6
Needles, common, assorted	paper	1
Pencils, lead	no	6
Petrolatum, in 350 c. c. tin	tins	2
Pins, common	papers	2
Pins, safety	doz	8
Plaster, adhesive, zinc, 2½ cm. by 10 meters, on spools	spools	6
Plaster, isinglass, in 1-meter roll	roll	1
Razor	no	1
Razor strap	no	1
Shears	no	1
Sodii carbonas monohydratus, 300 gms., in 350 c. c. tin	tin	1
Speculum, rectal	no	1
Sponge holders, throat	no	2
Syringe, hypodermic, with 6 tubes tablets, 2 needles, and 1 bundle wires for needles	no	1
Syringe, hypodermic, extra needles and washers for	no	12

TABLETS.

Antiseptic, 350 in 350 c. c. tin	tins	1
Hypodermic, apomorphinæ hydrochloridum, 6-mgm	tubes	3
Hypodermic, atropinæ sulphas, 0.65-mgm	tubes	5
Hypodermic, cocainæ hydrochloridum, 10-mgm	tubes	7
Hypodermic, digitalinum, 1-mgm	tubes	8
Hypodermic, glycerylis nitras (nitroglycerin), 0.65 mgm	tubes	7
Hypodermic, morphinæ sulphas, 8-mgm	tubes	30
Hypodermic, quininæ hydrochlorosulphas, 32-mgm	tubes	5
Hypodermic, strychninæ sulphas, 1-mgm	tubes	15
Saline solution, normal (par. 450), 350 in 350 c. c. tin	tin	1

MISCELLANEOUS.

Tags, diagnosis, 25 in book	books	4
Thermometers, clinical	no	4
Thread, cotton	spool	1
Tins, enameled	no	6
Tourniquets, rubber, strap and chain	no	2
Towels, hand	no	6
Tubes, drainage, 2 sizes, in flat tins	pieces	2
Washers, extra, for tins, in flat tin	no	5

613. DESK, FIELD.

(In iron-bound oak chest, with padlock, in hinged crate; weight 130 pounds.)

(a) Books.		
Army Regulations	copy	1
Drill Regulations for the Hospital Corps	copy	1
Field Service Regulations	copy	1
Handbook for the Hospital Corps. Mason	copy	1
Information slip book	copy	1
Manual for the Medical Department	copy	1
Manual for Courts-martial	copy	1
Manual for the Quartermaster's Department	copy	1
Manual for the Pay Department	copy	1
Manual for the Subsistence Department	copy	1
Morning report, Hospital Corps	copy	1
Morning report, sick and wounded	copy	1
Order and letter book	copy	1
Register and prescription book	copy	3
Sick report, Hospital Corps	copy	1
(b) Stationery.		
Book, blank, 8 vo	no	1
Book, blank, 8 vo, 4-quire	no	1
Elastic bands, assorted	gross	½
Envelopes, official, large	no	25
Envelopes, official, letter	no	100
Envelopes, official, note	no	50
Eraser, rubber	pieces	1
Eraser, steel	no	1
Ink, black	botts	2
Ink, red	bott	1
Inkstands, screw top	no	2
Pads, letter	no	2
Pads, prescription	no	4
Paper, blotting	pieces	4
Paper fasteners	box	1
Paper, writing, legal cap	qrs	2
Paper, writing, letter	qrs	4
Paper, writing, note	qrs	2
Paste, photographer's, in compressible tube, with brush and screw top	tube	1
Pencils, lead	no	4
Pens, steel	no	24
Penholders	no	2
Ruler	no	1
(c) Blanks, Medical Department.		
Examination of recruits, monthly report, Form 60	no	6
Hospital fund statement, Form 49	no	6
List of wounded, Form 53	no	12
Medical property, return of, Form 22	no	4
Medical supplies, invoice of, field, Form 24	no	8
Medical supplies, invoice of, small, Form 25	no	16
Medical supplies, receipt for, field, Form 27	no	8
Medical supplies, receipt for, small, Form 28	no	16
Register and report card, Form 52*	no	1,000
Medical supplies, special requisition for, Form 35	no	20
Medical supplies, requisition for, Form 34	no	6
Packer's list, Form 32	no	6
Report of sick and wounded, Form 51	no	8
Return of personnel, Hospital Corps, Form 47	no	12
(d) Blanks, Subsistence Department.		
Ration returns, Form 53	no	18
(e) Blanks, Quartermaster's Department.		
Estimate of clothing and equipage, Form 53	no	4
Invoices for transportation, Form 4	no	4
Receipts for transportation, Form 5	no	4
Requisition for fuel, forage, straw, etc., Form 38	no	6
Requisition for clothing for issue, Form 86	no	4
Special requisition for supplies, Form 48	no	4
(f) Blanks, Ordnance Department.		
Abstract of expenditures	no	4
Articles charged to enlisted men	no	4
Invoices and receipts combined	no	8
Quarterly statements	no	4
Requisition for ordnance and ordnance stores	no	4
Return of ordnance and ordnance stores, Form II	no	2

* When used for register of patient known as "register card;" for report of sick and wounded, as "report card;" for transfer of patient, as "transfer card."

DESK, FIELD—Continued.

(*g*) BLANKS, MILITARY SECRETARY'S OFFICE.		
Certificates of disability	no.	12
Descriptive lists, military record and statement of accounts of enlisted men	no.	50
Discharges	no.	6
Enlistment papers	no.	12
Final statements	no.	12
Furloughs	no.	6
Inventory of effects of deceased soldiers	no.	6
Medical certificates for officer's sick leaves	no.	6
Muster rolls, Hospital Corps	no.	6
Notice of soldier's deposits, Form No. 16	no.	6
Notification of desertion, Form No. 15	no.	2
Physical examination of recruits, form for	no.	12
(*h*) BLANKS, INSPECTOR GENERAL'S DEPARTMENT.		
Inventory and inspection reports	no.	4
Inserts for same	no.	20
(*i*) BLANKS, PAYMASTER GENERAL'S DEPARTMENT.		
Allotment of pay	no.	4
Deposit books	no.	4
Pay rolls	no.	10
Withdrawal of allotment of pay	no.	4
(*j*) *Pouch, canvas-lined,* waterproof, to be used for carrying blanks, stationery, etc., when conditions are such that the field desk can not be taken	no.	1
Tubes, japanned tin, with close-fitting covers, nest of 4, as containers for stationery, etc., in pouch	nest.	1
Sizes of tins as follows: One 2½ inches diameter and 11 inches long. One 2 inches diameter and 10½ inches long. One 1¾ inches diameter and 10 inches long. One 1 inch diameter and 9 inches long.		

614. FORBES WATER STERILIZING OUTFIT.

(*Packed in metal cylinder, weight 115 pounds.*)

Supplied by the Quartermaster's Department.

615. MICROSCOPICAL OUTFIT, FIELD.

One folding microscope and one accessory case, both in a rectangular harness-leather case, 12 by 8 by 7½ inches, with handle, are allowed to each field hospital and, in addition, one field microscopical supply case.

(*a*) MICROSCOPE. (*In hard-wood case, with lock and two keys.*)		
Folding microscope, with Abbe condenser and iris diaphragm	no.	1
Triple nose piece	no.	1
Oculars, Nos. 2 and 4	no.	2
Objectives, Nos. 3 and 6, and 1/12 inch oil immersion	no.	3
Bottle of immersion oil, in case	no.	1
(*b*) ACCESSORY CASE TO FOLDING MICROSCOPE. (*Hard-wood case, with lock and two keys.*)		
Blood stain, Wright's, *g. s. n. m. bottle for*	no.	1
Book, memorandum, 3½ by 2 by ½ inch	no.	1
Cover-glasses in alcohol, *g. s. w. m. bottle for*	no.	1
Droppers, medicine, straight	no.	3
Envelopes, small, 1½ inches square	no.	50
Forceps, Ehrlich's	pairs.	2
Forceps, straight, medium, fine	pair.	1
Forceps, straight, medium, heavy	pair.	1
Gabbet's fluid, *g. s. n. m. bottle for*	no.	1
Glasses, cover, ¾-inch circles, No. 1	oz.	1
Labels, ⅞ inch square, for slides	box.	1
Lamp, alcohol	no.	1

MICROSCOPICAL OUTFIT, FIELD—Continued.

Loop, platinum, with handle	no.	1
Needle case (metal tube)	no.	1
Needle, platinum, with handle	no.	1
Needles, bayonet-pointed, 2 inches long	no.	6
Pencil, glass, blue wax, Faber's	no.	1
Pencil, lead	no.	1
Slides, glass, 3 by 1 inch	doz.	3
Slides, in alcohol, *g. s. w. m. bottle for*	no.	1
Stain, carbol-fuchsin, *g. s. n. m. bottle for*	no.	1
Stain, methylene blue, *g. s. n. m. bottle for*	no.	1
(*c*) MICROSCOPICAL SUPPLY CASE.		
Acid, nitric, c. p., *in 100 c. c. g. s. n. m. bottle*	bott.	1
Acid, sulphuric, c. p., *in 100 c. c. g. s. n. m. bottle*	bott.	1
Acid, glacial acetic, *in 100 c. c. g. s. n. m. bottle*	bott.	1
Alcohol, 95 per cent, *in 100 c. c. g. s. n. m. bottle*	bott.	1
Cover glasses, ¼-inch circle	oz.	2
Carbol-fuchsin stain, *in 100 c. c. g. s. n. m. bottle*	bott.	1
Dropping bottles, reagent	no.	6
Dishes, small, covered	no.	4
Eosin, yellow, water soluble, Gruebler's	gms.	10
Filter paper, 4 inches diameter	pkgs.	2
File, triangular, small	no.	1
Forceps, for cover glasses, Stewart's	pairs.	2
Funnels, glass, 30 c. c	no.	2
Immersion oil, 30 c. c. bottle	bott.	1
Litmus paper, Squibb's, red and blue; of each, in vial	vials.	2
Lysol, *in 100 c. c. g. s. n. m. bottle*	bott.	1
Lamp, alcohol, to hold 120 c. c	no.	1
Paraffin, in seamless tin box	oz.	1
Pipettes, 1 c. c	no.	2
Slides, glass, 3 by 1 inch	gross.	1
Saturated alcoholic solution of methylene blue, *in 100 c. c. g. s. n. m. bottle*	bott.	1
Test tubes, nested, in sets of 3	no.	24
Tubing, glass, 3 mm. caliber	gms.	250
Test glasses, small, on foot	no.	2
Urinometer, small	no.	1
Wright's stain for blood, *in 100 c. c. g. s. n. m. bottle*	bott.	1

N. B.—All stoppers should be kept smeared with paraffin.

616. PACKET, FIRST AID.

(G. O. 84, W. D., 1906.)

Each packet contains:

(1) Two bandages of absorbent sublimated (1:1000) gauze, 4 by 84 inches, with a mesh of at least 38 by 44 threads to the square inch.

(2) Two compresses of absorbent sublimated (1:1000) gauze, each composed of ½ square yard of gauze, 28 by 32 threads to the square inch, so folded as to make a compress 3½ by 7 inches.

One compress to be placed lengthwise in the center of each bandage and retained in position by sewing along one end and across the center. The loose end of the compress is then folded on the sewed part and held by one or two stitches, thus making a compress 3½ by 3½ inches.

Each bandage thus prepared to be rolled loosely from each end, with the roll toward the back of the bandage, until the compress is reached. The latter is now folded through the center and the flattened rolls of the bandage laid on either side of the folded compress. Each bandage then to be wrapped separately in parchment or waxed paper.

(3) Two No. 3 safety pins wrapped in waxed paper.

The two compresses and the safety pins are then wrapped together in tough paper on which simple directions for application are printed.

The packet thus prepared to be placed in a hermetically sealed metal case with a suitable arrangement for easy opening, and provided with hooks or loops for attachment to the cartridge belt. All contents of the case must be sterile. Dimensions of the case should not exceed 4¼ by 2½ by 1¼ inches.

The words "First-aid packet, U. S. Army" should be stamped on the metal case. Also directions for opening, manufacturer's name, and date of contract.

By breaking the stitch holding the folds of the compress together and spreading it out a wound of considerable extent may be covered.

(*a*) For large wounds produced by fragments of shell, splinters, etc., the individual first-aid packet as described above may not be large enough to properly cover the wound. Therefore for use with coast and siege artillery a larger dressing should be provided.

The shell-wound dressing consists of:

(1) One compress composed of 1 square yard of absorbent sublimated (1:1000) gauze with a mesh of at least 28 by 32 threads to the square inch, so folded as to make a pad 6 by 9 inches. Across the back of each end of this compress is placed a piece of gauze bandage 3 inches wide by 48 inches long projecting beyond the compress 21 inches on each side. These bandages are held in position by stitching along the edges of the compress; the tails are loosely rolled and placed on the back of the compress. The compress thus made to be wrapped in parchment or waxed paper.

(2) One bandage 3 inches wide by 5 yards long of absorbent sublimated (1:1000) gauze with 38 by 44 threads to the square inch, loosely rolled and wrapped in parchment or waxed paper.

(3) Two No. 3 safety pins wrapped in waxed paper.

The whole dressing to be wrapped in tough paper with directions for application printed thereon. If it is considered advisable the dressing may be further protected by an envelope of rubber sheeting properly sealed, or other impermeable covering.

The short bandages sewed to the compress are for the purpose of temporarily fixing the compresses on the wound, after which it is firmly bound on by the roller bandage.

617. POUCH, HOSPITAL CORPS.

(*Waterproof, lined canvas pouch.*)

Ammoniæ spiritus aromaticus, *in flask with cup*—c. c.	60
Bandages, gauze, roller, sterilized—no.	6
Case, containing pins, common and safety, scissors, and dressing forceps—no.	1
First-aid packets—no.	4
Gauze, sublimated, 1-meter, two half-meter pieces in package—pkgs.	4
Jackknife, with saw blade and corkscrew—no.	1
Plaster, adhesive, zinc, 2.5 cm. wide and 5 meters long, spools—no.	1
Splints, wire gauze for, in roll—meter.	1
Tourniquet, field—no.	1

618. POUCH, ORDERLY'S.

(*Waterproof, lined canvas pouch.*)

Ammoniæ spiritus aromaticus, *in flask with cup*—c. c.	60
Bandages, gauze, roller, sterilized—no.	6
Case, pocket (par. 461)—no.	1
Chloroformum, *in case*—gms.	100
Catheter, Eng. rubber in box, size No. 20 French scale—no.	1
Diagnosis tags and pencil, 25 in book—books.	2
First-aid packets—no.	4
Gauze, sublimated, 1 meter, two half-meter pieces in package—pkgs.	8
Jackknife, with saw blade and corkscrew—no.	1
Lantern, folding—no.	1
Ligatures, catgut, sterilized, in envelopes, 3 sizes in package—pkgs.	3
Ligatures, silk, braided, sterilized, in envelopes, 3 sizes in package—pkgs.	3
Pins, common—paper.	1
Pins, safety—doz.	1
Plaster, adhesive, zinc, 2.5 cm. wide and 5 meters long—spool.	1
Rubber bandage, 2 meters long and 63 mm. wide—no.	1
Scissors—no.	1
Splints, wire gauze for, in roll—meter.	1
Syringe, hypodermic—no.	1
Tin with screw top as container for three 20 c. c. vials for hypodermic solutions—no.	1

619. RANGE, FIELD, LARGE.

(Supplied by the Quartermaster's Department, weight 360 pounds.)

Outfitted to meet the needs of 100 patients. The cooking utensils packed in this range, and those contained in the mess chest, large, listed in paragraph 609, are intended to supplement each other.

Range and Special Parts.	
Bar, iron, as fastener and poker—no.	1
Grate—no.	1
Lids, range, double—no.	3
Lifter, stove lid—no.	1
Pipe, stove, collars for—no.	2
Pipe, stove, elbow for—no.	1
Pipe, stove, joints—no.	4
Range, field, as container—no.	1
Shelf, iron, for oven—no.	1
Shovel, fire—no.	1

RANGE, FIELD, LARGE—Continued.

UTENSILS.		
Ax, camp, short handle	no.	1
Boilers, tin, square, large, with covers, nest of 3	nest.	1
Boilers, covers for	no.	3
Colander	no.	1
Dipper	no.	1
Dredges, salt and pepper, of each	no.	2
Fork, flesh	no.	1
Knife, butcher's	no.	1
Ladles, medium size	no.	2
Match box, metal, waterproof, to contain 1 dozen boxes of matches	no.	1
Pans, baking, square, large, nest of 2	nest.	1
Pot cleaner	no.	1
Saw, meat	no.	1
Sieve, flour	no.	1
Skimmer, medium	no.	1
Spoons, basting	no.	2
Steamer, tin, square, large, in nest of boilers, with cover	no.	1

620. RANGE, FIELD, SMALL.

(Supplied by the Quartermaster's Department, weight 240 pounds.)

Outfitted to meet the demands of 25 patients. The cooking utensils packed in this range, and those contained in the mess chest, small, listed in paragraph 610, are intended to supplement each other.

RANGE AND SPECIAL PARTS.		
Grate, flat, in 2 sections	no.	1
Lid, stove	no.	1
Pipe, stove, collar for	no.	1
Pipe, stove, elbow for	no.	1
Pipe, stove, joints	no.	6
Shelf, iron, for oven	no.	2
UTENSILS.		
Ax, camp, short handle	no.	1
Boiler, double, tin, with cover	no.	1
Boilers, tin, square, large, with covers, nest of 2	nest.	1
Dipper	no.	1
Forks, flesh	no.	2
Knife, butcher's	no.	1
Match box, metal, waterproof, to contain 1 dozen boxes of matches	no.	1
Pans, baking, square, large, nest of 2	nest.	1
Skimmer	no.	1
Spoons, basting	no.	2
Steamer, square, large, with cover	no.	1

621. TENT UNIT OF BEDDING AND CLOTHING.

(*In canvas case 16 by 22 by 30 inches, weight 128 pounds.*)

This is sufficient for equipping one hospital tent for six patients, or in an emergency for nine patients.

Bed sacks	no.	9
Blankets, gray	no.	9
Blankets, rubber	no.	6
Pillow sacks	no.	9
Stool, folding	no.	1
Suits, convalescent	no.	6
Towels, bath	no.	6
Towels, hand	no.	6

622. TENT UNIT OF FOLDING FIELD FURNITURE.

(*In canvas case 16 by 21 by 42 inches, weight 180 pounds.*)

Chair	no.	1
Cots	no.	6
Mosquito-bar frames	pairs.	6
Mosquito-bar frames, spreaders for	no.	6

623. UNIT OF RESERVE BEDDING AND CLOTHING.

(In canvas case 16 by 22 by 30 inches, weight 110 pounds.)

Blankets, rubber	no.	1
Blankets, gray	no.	9
Pillowcases	no.	24
Sheets, cotton	no.	24
Suits, convalescent	no.	6
Mosquito bars	no.	6
Towels, bath	no.	6
Towels, hand	no.	12

624. SPARE PARTS AND ACCESSORIES CARRIED BY EACH AMBULANCE.

(To be obtained from the Quartermaster's Department, except travois, litters, and the contents of the boxes of dressings and hospital stores.)

Axle grease	cans	2
Axle nuts, extra	no.	2
Boilers, galvanized iron, with lid	no.	2
Bolt, king, extra	no.	1
Brush, horse	no.	1
Bucket, galvanized iron	no.	1
Comb, curry	no.	1
Dressings, surgical, *in metal box* (par. 599)	box	1
Grates, fire, iron	no.	2
Guidon, ambulance	no.	1
Hames, extra	no.	2
Hatchet	no.	1
Hospital stores, *in metal box* (par. 598)	box	1
Lamps, ambulance	no.	2
Lanterns, 1 white, 1 red, in space under seat	no.	2
Lantern wicks, extra	no.	6
Link, split	no.	1
Litters, with slings	no.	4
Nails, horseshoe, extra	no.	50
Oil, mineral, in space under seat	tin.	1
Shoe, mule, 1 fitted for each animal	no.	4
Straps, hame, extra	no.	3
Tanks, water	no.	2
Whip	no.	1
Wrench, monkey	no.	1

(*a*) In addition to the above, ambulances Nos. 1, 4, 7, and 10 of ambulance company will carry an extra pole and a travois.

625. SPARE PARTS AND ACCESSORIES CARRIED BY EACH 4-HORSE WAGON.

(Furnished by the Quartermaster's Department.)

Ax, front of wagon	no.	1
Axle nuts, in tool box	no.	2
Bucket, G. I., under rear of wagon	no.	1
Sponge, in tool box	no.	1
Currycomb and brush, of each, in tool box	no.	1
Cans axle grease, in tool box	no.	2
Extra hames, in tool box	no.	2
Lantern, in water bucket	no.	1
Wagon wrench, in tool box	no.	1
Open links, in tool box	no.	3
Pole, on side of wagon	no.	1
Reach, on side of wagon	no.	1
Pickax, on side of wagon	no.	1
Three-eighths or one-half inch rope, on side of wagon	feet.	150
Spade, on side of wagon	no.	1
Hame straps, in tool box	no.	3
Hame strings, in tool box	no.	3
Shoe for each foot of each animal, previously fitted, in tool box	no.	16
Horseshoe nails, in tool box	no.	100
Singletrees, under wagon	no.	2
Doubletree, under wagon	no.	1
Ball strong twine for harness repairs	no.	1

626. PARTS OF WAGON OR AMBULANCE HARNESS.

(To be obtained from the Quartermaster's Department.)

(*a*) WHEEL-TEAM HARNESS, DOUBLE SET.		
Back straps	no.	2
Back-strap tugs	no.	4
Bellybands	no.	2
Breast straps	no.	2
Breeching bands	no.	2
Breeching straps	no.	2
Bridles, complete	no.	2
Each bridle, complete, consists of the following parts:		
Bit	no.	1
Bit straps	no.	2
Blinds	no.	2
Blinds, stays for	no.	2
Check pieces	no.	2
Crownpiece	no.	1
Face piece	no.	1
Front piece	no.	1
Throat strap	no.	1
Choke-straps	no.	2
Collars, hair	no.	2
Cruppers, 5 feet long	no.	2
Hames	pairs.	2
Hame straps	no.	4
Hip straps	no.	4
Lines, double, 30 feet long	pair.	1
Neck chains	no.	2
Neck straps	no.	2
Reins, long, 4 feet 6 inches	pairs.	2
Reins, short, 2 feet	pairs.	2
Rein straps, 8 inches long	no.	2
Side straps	no.	4
Traces, 5 feet 6 inches long	no.	4
(*b*) LEAD-TEAM HARNESS.		
The parts of harness for the lead team are the same as for the wheel team, except for the following changes or additions:		
Bridles, complete, without rein rings and rein straps	no.	2
Carrying straps, 6 feet long	no.	2
Cruppers, 5 feet 6 inches long	no.	2
Lines, double, 54 feet long	pairs.	2
Martingales	no.	2

627. HORSE EQUIPMENTS, FOR MOUNTED MEMBERS OF THE HOSPITAL CORPS.

(To be obtained from the Ordnance Department.)

To secure uniformity of issue, fair or black leather parts should be designated.

(*a*) The saddle, complete, consists of the following parts:		
Coat straps (set)	no.	6
Cincha, hair	no.	1
Saddletree, covered with leather, including quarter straps, size as required	no.	1
Stirrup hoods	no.	2
Stirrup straps	no.	2
Stirrups, wood	no.	2
(*b*) The bridle, complete, consists of the following parts:		
Bit, curb, model 1892	no.	1
Curb strap	no.	1
Headstall, complete	no.	1
Reins	no.	2
(*c*) The watering bridle, complete, consists of the following parts:		
Bit, watering, with snaps	no.	1
Reins	no.	2
(*d*) The halter, complete, consists of the following parts:		
Halter, headstall	no.	1
Halter strap	no.	1

HORSE EQUIPMENTS, ETC.—Continued.

(e) Components:		
Currycomb	no.	1
Horse brush	no.	1
Horse cover, cotton duck	no.	1
Lariat	no.	1
Lariat strap	no.	1
Link strap, and snap hook	no.	1
Nosebag	no.	1
Picket pin	no.	1
Saddle blanket, cavalry	no.	1
Saddlebags, complete	pair	1
Spurs	pair	1
Spur straps	pair	1
Surcingle	no.	1

628. PERSONAL EQUIPMENT OF MEN OF THE HOSPITAL CORPS.

(Issued by the Ordnance Department.)

Canteen	-------
Canteen strap	-------
Cup, tin	-------
Fork	-------
Haversack	-------
Haversack strap	-------
Knife	-------
Knife, Hospital Corps	-------
Meat can	-------
*Revolver**	-------
Rifle	-------
Spoon	-------
Waist belt	-------

* Revolvers or rifles and necessary ammunition therefor will be obtained from the commanding officer when necessary. See A. R. 1446.

METHOD OF PACKING SUPPLIES FOR THE FIELD.

629. In order to limit weight and bulk and avoid breakage as much as possible, all medicines for field use are, with a few exceptions, put up in tin containers, patterns of which are kept in the Field Medical Supply Depot at Washington. There are, besides those in the field chests, five standard sizes of these containers, holding 80 c. c., 150 c. c., 350 c. c., 500 c. c., and 1,500 c. c., respectively. These containers are expendable, but they should, if practicable, be returned when empty to the depots to be refilled.

630. Each field hospital will be furnished with five strong white-pine iron-bound boxes (with hinged lids and hasps), of the dimensions given below, for carrying the medicines listed in par. 582. Each box will have a list of the contents on the inside of the lid and, if practicable, on the outside also. Standard samples of these boxes are kept at the Field Medical Supply Depot at Washington.

ARTICLES.	No.	SIZE.
(*a*) Box No. 1.		
(With tray, inside dimensions 27¾ by 13½ by 8¾ inches; weight when filled about 90 pounds.)		
		c. c.
Acetphenetidinum (phenacetin) tins	2	350
Acidum boricum tins	2	350
Acidum salicylicum tin	1	350
Adrenalini hydrochloridum bott	1	35
Ammonii chloridi trochisci tins	4	350
Amylis nitris, 5-drop pearls, 12 in box boxes	2	----------

METHOD OF PACKING SUPPLIES FOR THE FIELD—Continued.

ARTICLES.	No.	Size.
Apomorphinæ hydrochloridum, hypodermic tablets—tubes	6	
Argenti nitras crystals, 25 gms., in 25 c. c. bottle—bott	1	25
Argenti nitras fusus, 25 gms., in 25 c. c. bottle—bott	1	25
Arseni trioxidum—tin	1	80
Atropinæ sulphas, hypodermic tablets—tubes	6	
Bismuthi subnitras—tins	8	350
Caffeina citrata—bott	1	25
Capsicum—tin	1	80
Chloralum hydratum—botts	2	125
Cocainæ hydrochloridum, hypodermic tablets—tubes	6	
Cocainæ hydrochloridum, crystals—bott	1	25
Codeina—tin	1	80
Collodium—botts	4	20
Digitalinum, hypodermic tablets—tubes	6	
Digitalis tinctura—tin	1	80
Ferri pilulæ compositæ—tin	1	350
Glycerylis nitras (nitroglycerin), hypodermic tablets—tubes	12	
Glycyrrhizæ mistura composita—tin	1	350
Heroini hydrochloridum—tin	1	80
Hexamethylamina (urotropin)—tin	1	350
Hydrargyri chloridum mite—botts	10	25
Hydrargyri iodium flavum—tins	2	80
Hyoscinæ hydrobromidum, hypodermic tablets—tubes	6	
Iodum, 25 gms., in 20 c. c. g. s. bottle—bott	1	20
Ipecacuanha, tablets—tin	1	80
Ipecacuanhæ et opii, pulvis—tins	2	350
Morphinæ sulphas, tablets—tins	3	80
Morphinæ sulphas, hypodermic tablets—tubes	48	
Oleum theobromatis—tin	1	350
Phenylis salicylas (salol)—botts	2	250
Pilulæ aloini comp—tin	1	80
Pilulæ camphoræ et opii—tins	3	350
Pilulæ catharticæ compositæ—tins	3	350
Plumbi acetas—tin	1	80
Potassii bromidum—tin	1	350
Potassii chloras—tin	1	350
Potassii iodidum—tins	2	350
Quininæ hydrochlorosulphas, hypodermic tablets—tubes	48	
Quininæ sulphas—tins	15	350
Saline solution tablets—tin	1	350
Sodii bicarbonas—tin	1	350
Sodii bicarbonas et mentha piperita—tin	1	350
Sodii carbonas monohydratus pulvis—tins	2	350
Sodii salicylas—tins	2	350
Strychninæ sulphas, hypodermic tablets—tubes	36	
Sulphonmethanum (sulphonal)—tin	1	350
Sulphur lotum—tin	1	350
Zinci oxidum—tin	1	350
Zinci sulphas—tin	1	80
This box has the following containers:		
59 350 c. c. tins.		
2 500 c. c. tins.		
14 80 c. c. tins.		
2 250 c. c. bottles.		
2 125 c. c. bottles.		
1 35 c. c. bottle.		
14 25 c. c. bottles.		
5 20 c. c. bottles.		
2 boxes amyl nitris pearls.		
174 tubes of hypodermic tablets.		
(*b*) Box No. 2.		
(Inside dimensions 31 by 13½ by 9 inches with 6 cross partitions ½ inch thick; weight about 120 pounds.)		
Aether, 100 gms—tins	24	150
Chloroformum, 125 c. c—tins	144	150
(*c*) Box No. 3.		
(Inside dimensions 31½ by 12¾ by 7½ inches with 5 cross partitions ¾ inch thick; weight about 74 pounds.)		
Alcohol, 1,400 c. c. in 1,500 c. c. tins—tins	18	1,500
(*d*) Box No. 4.		
(Inside dimensions 31½ by 12¾ by 8½ inches; weight about 70 pounds.)		
Ammoniæ spiritus aromaticus—botts	8	200
Belladonnæ emplastrum—tins	3	
Cantharidis emplastrum—tins	3	
Foot powder—tins	12	150

METHOD OF PACKING SUPPLIES FOR THE FIELD—Continued.

ARTICLES.	No.	SIZE.
Glycerinum—tin	1	1,500
Hydrargyri unguentum—botts	6	125
Iodoformum—botts	2	125
Opii tinctura—botts	4	250
Petrolatum—tins	9	500
Sinapis emplastrum—tins	4	
Talcum pulvis—tins	8	150
(*e*) Box No. 5.		
(Inside dimensions 33½ by 14 by 7 inches with 4 ¾-inch cross partitions; weight about 85 pounds.)		
Magnesii sulphas—tins	32	500
Oleum ricini—tins	3	1,500
Oleum terebinthinæ—tins	3	1,500

631. For the stationary hospitals and advanced supply depots three sets of these boxes will be required to hold the reserve medicines listed in paragraph 582.

632. In order to make it possible to find readily the articles of the field hospital listed in paragraphs 583 to 589, they will, so far as practicable, be placed in boxes of the dimensions of box No. 4, paragraph 630, in the order in which they occur in the supply table, and these boxes and all other chests, packages, etc., will be plainly marked with consecutive numbers beginning with medicines. Besides the number, each box should have the class of supplies, i. e., "antiseptics and disinfectants," "hospital stores," etc., marked on it, also its weight, and the name of the hospital.

DIRECTIONS FOR LOADING THE WAGONS OF THE ADVANCED MEDICAL SUPPLY DEPOT.

633. The reserve supplies, paragraphs 582 to 589, carried by the advanced supply depot weigh, when packed, about 11,800 pounds. The wagons should be loaded as follows:

(*a*) The supplies listed in paragraphs 582, 584, and 588 should be packed in three separate lots, one lot of each to be carried in each of three wagons. This will give a load of about 2,500 pounds per wagon. When necessary, one of these wagons may be temporarily attached to a brigade.

(*b*) The supplies listed in paragraphs 583, 585, 586, 587, and 589, consisting chiefly of bed sacks and blankets, should be divided equally between two wagons, giving about 2,200 pounds to each wagon.

(*c*) The supplies listed in paragraph 596 should be put on the sixth wagon, which should also carry the rations.

INDEX.

Numbers refer to paragraphs in this Manual.

A.

Abandonment of posts, 39 to 41.
  Records of, 41.
  Report of, 41.
  Rules to be observed in disposition of medical property, 40.
Absent sick from command, instructions concerning, 409.
Accessory case to folding microscope, contents of, 615 (*b*).
Accountability:
  For hospital fund, 281.
  For medical property, 353 to 357.
Account of sales, 364.
Accounts:
  For hospital stores, 336.
  For medical attendance, 333.
  For medicines, 334.
  For mineral waters, 336.
  For proprietary medicines, 336.
  For washing not done by hospital matrons, 299, 300.
  Of civilian physicians, 339.
  Of clothing and pay, 206.
Acetylene illuminating outfit, chest for, contents of, 604.
Advanced medical supply depot, 562.
  Directions for loading wagons of, 633.
  Equipment of, 596.
  Mounted Hospital Corps men with, 543 (*h*).
  Organization and personnel of, 562 (*a*).
  Supplies carried by, 582—589.
Aid, regimental, 497.
Allowance:
  Of first-aid packets for instruction, 394.
  Of noncommissioned officers and privates of the Hospital Corps, 209.
    At general hospitals and arsenals, etc., 209.
    At permanent posts, 207, 208.
  Of matrons at hospitals, 289.
  Of mileage, 34.
  Of rubber matting for hospitals, 387.
  Of quarters, 34.
Allowances:
  Contract surgeons and contract dental surgeons, 100.
  For expenses while undergoing examination for appointment as assistant surgeon, 5.
  Of officers, mounted, 35.
Ambulance box:
  Of hospital stores, contents of, 598.
  Of surgical dressings, 599.
Ambulance company section:
  Additional articles carried by, 595.
  Function of, 554.
  Hospital Corps men with, mounted, 543 (*g*).
  Litters for, 544 (*e*).
  Organization of, 558.
  Surgeon commanding, duties of, 535.
  Tentage for, 545 (*c*).
  Travois for, 544 (*d*).
Ambulance station, care of wounded at, 556.
Ambulances, 42.
  Allowance of, at posts, 43.
  Drivers of, by whom designated, duties of, 44.
  Flags for, 162.
  Harness for, parts of, 626.
  Inspection of, 47.
  Spare parts and accessories carried by, 624.
  Use of, 557.
Antiseptics:
  Field supply, 583.
  General supply, 449.
Apparatus:
  Compressed air, 485.
  Restraint, 484.
  X-Ray, 457, 587.
Appliances:
  For contract dental surgeons, 489.
  General supply table, 457.
  Operating room, 456.
Applicants for enlistment, trained nurses or pharmacists to submit certificate or diploma, 212 (*b*).
Appointment of assistant surgeons, 4.
  How made, 6.
Army and Navy General Hospital, 164 to 178.
Army Medical Museum, 48.
Army Medical School, 49 to 51.
Army Nurse Corps, 52 to 73.
Arsenals, allowance of Hospital Corps men at, 208.
Articles:
  Additional, carried by each ambulance company, 595.
  For Hospital Corps, issued by Ordnance Department, 627, 628.
  For Medical Department, issued by Quartermaster's Department, 458.
  For regimental hospital, 592.
  For regimental infirmary, 593.
Artificial limbs, 85 to 87.
Artillery, battery of, in field, Medical Department personnel of, 566 (*c*).
Aspirating case, 470.

Assignment:
Of medical officers, 20.
Of nurses, 55.
Assistant surgeons:
Application for appointment, how made, 7.
Appointment of, 6.
Candidates must be approved by Army Medical Board, 4.
Credits allowed for advanced knowledge, 17.
Entitled to travel allowance in obeying first order, 5.
Examination for position of, 9.
Final examination for appointment as, 16.
Physical examination for appointment as, 9.
Preliminary examination of candidates, 10.
Promotion of, 3.
Qualifications of applicants for appointment, 8.
Rank of, 3.
Assistant to contract dental surgeon:
Duties of, 109.
How mustered, 119.
Attending surgeons:
Assignment of, 22.
Duties of, 23.

B.

Bacteriological set, 479.
Obtained by special requisition, 379.
Badge of Nurse Corps, 71 (*b*).
Bag, obstetrical, 469.
Base hospital, organization and personnel of, 560.
Base medical supply depot, organization and personnel, 563.
Bath-tub set, 600.
Battery of artillery, sanitary organization of, 566 (*e*).
Bedding:
Field supply, 586.
General supply, 454.
Units, contents of, 621.
Units of reserve, 623.
Use of, 385.
Benzine, special issue for thermo-cautery, 457.
Berkefeld filter, in sterilizer chest, 611.
Births at post:
Record of, 349.
Report of, 438.
Blacksmith's tools for ambulance company, 595 (*b*).
Blankets, care of, 386.
Blanks:
Inspector General's Department, 585, 613.
Medical Department, 90, 585, 613.
Military Secretary's Office, 585, 613.
Ordnance Department, 585, 613.
Paymaster General's Department, 585, 613.
Quartermaster General's Department, 585, 613.
Subsistence Department, 585, 613.
Boards of Health to be notified of existence of contagious diseases, 443.
Boats, hospital:
Control of, 565.
Personnel of, 564.
Book cases, obtained on special requisition, 378.
Books:
In field desk, dental surgeon's, 492 (*a*).
Medical, for hospitals and use of officers, 36.
Medical, box of, 601.
Record, Medical Department, 90, 585 (*b*).
Boxes:
For field supplies, description of, 630, 632.
For reserve medicines, 630, 631 (see par. 582).
Marking of, 632.
Brigade:
Headquarters, Hospital Corps men mounted at, 543 (*b*).
Sanitary organization and personnel of, 566 (*b*).
Surgeons—
Duties of, 532.
Office equipment of, 597.

C.

Cabinet for blanks, obtained on special requisition, 378.
Cadets:
Physical examination of, 123, 124.
Report of physical examination of, 124 (*d*).
Subsistence of, at Army and Navy General Hospital, 170 (*a*).
Camps, sanitation of, 569.
Canvas, issued for repair of litters, 389.
Care of wounded, 547 to 549.
Case:
Aspirating, 470.
Dental, post, 481.
Emergency, 475.
Eye, 465.
For ear, nose, and throat, 464.
Forceps, hæmostatic, 462.
General operating, 460.
Genito-urinary, 463.
Gynæcological, 468.
Microscopical supplies, field, 615 (*c*).
Operating, small, 603.
Pocket, 461.
Post-mortem, 476.
Tooth-extracting, 482.
Trial lenses, 466.
Catheters, care of, 388.
Cavalry, regiment of, Hospital Corps men mounted with, 543 (*d*).
Certificates:
Of disability, 92 to 95.
Of graduation from Army Medical School. 19, 49 (*e*).
Chemical set, 480.
Chest:
Acetylene illuminating outfit, 604.
Commode, 605.
Detached service, 606.
Food, 607.
Medical, 608.
Mess—
Large, 609.
Small, 610.
Sterilizer, 611.
Surgical, 612.
Tool, 486.

Chief nurses:
Assignment of, 59.
Assistants to, 59 (*i*).
Duties of, 59.
Examination of, 59 (*a*) (*b*) (*c*).
Pay and allowances, 52, 64 (*a*).
Reports of, 59 (*k*) (*l*).
Chief surgeon:
Of Army, 530.
Of corps, 530.
Of department, 96 to 99.
Cholera, appearance of, at post, 443.
Civil hospital, treatment of officers and enlisted men in, 337.
Civilian employees:
Admitted to hospitals, 311.
Medical supplies for, 310.
Of Army and Navy General Hospital, 169 (*a*).
Of post exchange, 341.
Prescriptions for, kept on separate file, 403.
Civilian physicians, when employed and how paid, 337.
Civilians at post:
Treatment of, in hospital, 312.
Pay for prescriptions for, 314.
Clinical thermometers, 327, 380.
Clothing accounts, 206.
Clothing:
Allowance of, for enlisted men, Hospital Corps, 217.
And pay accounts of members of the Hospital Corps kept by the surgeon, 206.
Disinfection of, 321.
Worn by patients in hospital, 320.
Commode, chest, 605.
Company of instruction, Hospital Corps, organization of, personnel of, instructors, terms of instruction, curriculum, discipline, and interior economy, 221 to 244.
Compressed-air apparatus, 485.
Condemnation of property (inspection for) to be authorized by chief surgeon, 96.
Construction and repair:
Of hospitals, 181 to 183.
Of quarters, sergeants first class, Hospital Corps, 183.
Consultation, accounts for, 336.
Contagious diseases at post:
Board of health to be notified, 443.
Disinfection of bedding, etc., used in treatment of, 307.
Contract dental surgeons, 107 to 121.
Allowances of, 100.
Annulment of contract of, 107.
Appliances for, 489.
Attached to Medical Department, 108.
Assignment of operating room to, 109.
Assistant to—
Duties of, 109.
Quarters and subsistence for, 109.
Mustered with Hospital Corps, 119.
Under instruction, 119.
Blanks for, 492 (*c*).
Contracts made for three years, 107.
Emergency work to be given preference, 113.
Entitled to respect and obedience, 101.
Contract dental surgeons—Continued.
Examination of candidates for position of, 116, 117.
Field desk for, contents of, 492.
Furniture for office of, 490.
Hours of official duty, 111.
How mustered, 119.
Instructions for keeping register of dental operations, 118.
Instruments for, 489.
May at specified times operate on persons not entitled to free treatment, 111.
May not use issued material in operating on persons not entitled to their service, 111.
Medicines for, 488.
Miscellaneous articles for, 491.
Not entitled to the 10 per cent increase of pay, 100.
Qualifications of candidates for appointment, 116.
Register of operations, 118.
Report to be made by, 118 (*a*).
Stationery for, 49.
To operate only on teeth and gums, 112.
Uniform, 121.
Contract surgeons, 100 to 106.
Allowances, 100.
Annulment of contract, 105.
Contract, how made, by whom annulled, 105.
Instruction of, at the Army Medical School, 11, 12.
Not entitled to the 10 per cent increase of pay, 100.
Services and duties of, 104.
Uniform, 106.
Contracts for laundry work, 292 to 300.
Course of instruction, Hospital Corps, 221 to 271.
Cows, purchase of, from hospital fund, 280.

D.

Daily reports, 441.
Deaths in hospital:
Disposition of remains, 322.
Record of, 322 to 349.
Report of, 323.
Dental case, post, 481.
Dental diseases requiring excuse from duty, 120.
Dental instruments and supplies, how provided, 367.
Dental operations, register of, 118.
Dental outfit, additional, 493.
Deodorants, 397.
Deputy surgeons general, rank and number of, 1.
Descriptive lists, notations to be made on, 215.
In cases of transfer of noncommissioned officers of Hospital Corps, 215.
Desertions, report of, 441 (*d*).
Desk, field, 613.
Detached service chest, 606.
Detached soldiers in hospital, 304.
Detail of privates as lance corporals, 198.
Diagnosis of patients, 345.
Diet, special, of patients in hospital, 276.
Disability in line of duty, 422.

Disbursing officers (see A. R. 580 to 660).
Detail of medical officers as, 122.
Duties of, 122.
Discharge:
Of female nurses, 60, 61 (*a*), and 64 (*c*).
Of members of the Hospital Corps, by whom controlled, in time of war, 199.
Diseases, nomenclature of, 428.
Disinfectants, 395 to 400.
Field supply, 583.
For what purposes issued, 396.
General supply, 449.
Routine issue of, prohibited, 395.
Dispensing set, 451.
Division:
Sanitary organization, personnel, and transportation of, 566.
Surgeon—
Duties of, 531.
Equipment of office of, 597.
Dressing for shell wounds, 616 (*a*).
Dressing stations:
Care of wounded at, 520, 556 (*a*).
Where established, 520, 548.
Dressings:
Field supply, 588.
General supply, 457.
Reserve box of, 602.
Sterilized, not issued for post use, 376.
Surgical, ambulance box of, 599.
Durable property:
Disposition of, 288.
Purchase of, 280.
Duties:
Of assistants to dental surgeons, 109.
Of chief surgeons of military departments, 96.
Of contract surgeons, 104.
Of contract dental surgeons, 110 to 112.
Of Medical Department, 2.
Of Medical Department in the field, 498.
Of members of the Hospital Corps, 193, 204.
Of noncommissioned officers, Hospital Corps, 213.
Of officers of companies of instruction, 222.

E.

Ear instrument case, 464.
Emergencies, chief surgeon to act on special requisitions in, 382.
Emergency case, 475.
Engineer battalion:
Hospital Corps men mounted with, 543 (*e*).
Sanitary organization of, 566 (*d*).
Stations, allowance of Hospital Corps men at, 209.
Enlisted men of the Army:
Admission of, to Army and Navy General Hospital, 168.
Admission of, to United States Army General Hospital, Fort Bayard, N. Mex., 179.
Can not refuse medical treatment, 344.
Medical attendance of, 343.
Personal identification of, 150 to 158.
Subsistence of, while sick in hospital, par. 315.
Enlistments and reenlistments, 212.
Epidemics:
Disinfection during, 399.
Report of, 442.
Equipment:
For ambulance stations, 594 (1).
Of members of the Hospital Corps, 220.
Estimates for hospital buildings, 183.
Examination:
Final, for appointment as assistant surgeon, 16.
Preliminary, 10.
Written, 9 (*b*).
Of assistant surgeons, 9 (*a*).
Of cadets and cadet candidates, 123, 124.
Of candidates for commission, 125.
Of contract dental surgeons, 116.
Of Indian scouts, 147.
Of female nurses, 54.
Of recruits, physical, 127.
Examining a recruit, mode of, 141.
Eye case, 465.

F.

Faculty of Army Medical School, 49 (*f*) (*g*).
Field chests:
Contents of, not to be used at posts, 393.
Inspection of, 393.
Field desk:
Contents of, 613.
Of contract dental surgeon, 492.
Field hospital:
Care of wounded at, 519.
Material for, where assembled, 561.
Organization and personnel of, 553.
Supply table for, 582 to 591.
Tentage for, 545 and 590.
Where established, 548.
Field medical service, 494 to 580.
Direction of, 503.
During and after a battle, 516 to 525.
In camp, 504 to 506.
On the march, 510 to 515.
Field range, large and small, 619, 620.
Field register (register cards of patients), 570 to 577.
Field supply table, 581 to 633.
For advance medical supply depot—
Equipment of, 596.
Supplies carried by, 582 to 589.
For ambulance company section, 594, 595.
For base hospital, 582 to 591.
For field hospital, 582 to 591.
For regimental hospital, 592.
For regimental infirmary, 593.
For stationary hospital, 582 to 591.
Filter, Berkefeld, in sterilizer chest, 611.
Final statements, instruction concerning, 324. 325.
Finger print record, 154.
Firearms issued to members of the Hospital Corps, 542.
First aid:
Instruction in, 328, 329.
Packets—
Allowance of, for instruction, 394.
Contents of, 616.
Expendable, 394.
Issued for instruction, 376.

Flag:
Of the Geneva Convention, 162.
For ambulances, 162.
For field hospital, 162.
For general hospital, 162.
For guidons, 162.
Flies, diseases spread by, 569 (*f*).
Food chest, contents of, 607.
Forbes water sterilizing outfit, 614.
Forceps, hæmostatic, case of, 462.
Formaldehyde generator, how obtained, 379.
Formulæ of nonofficial preparations, 450.
Fort Bayard, N. Mex., General Hospital, 179, 180.
Four-horse wagons, parts and accessories carried by, 625.
Fruit, caution concerning use of, 569 (*j*).
Furloughs, Hospital Corps, to be acted upon by chief surgeon of department, 96.
Furniture:
For office of contract dental surgeons, 490.
Of general supply table, 454.
Of field, stationary, and base hospitals, 586.
Of operating room, 456.
Of regimental hospital, 592.
Repair of, and materials for, 392.
Tent unit of, 622.

G.

Gardeners, hospital, gratuities to, 282.
Gas, acetylene illuminating outfit, 604.
General Hospital, Army and Navy, Hot Springs, Ark., 164 to 178.
General Hospital, Fort Bayard, N. Mex., 179, 180.
General hospitals:
Allowance of Hospital Corps men at, 209.
Control of, 163.
General operating case, contents of, 460.
General supply table, 447 to 486.
Geneva Convention, 579.
Flag of, 162.
Genito-urinary case, 463.
Government Hospital for the Insane, transfer to, 410 (*a*).
Guards furnished from the line for Medical Department, 509.
Gynæcological case, 468.

H.

Hæmostatic forceps, case of, 462.
Hague Peace Conference, 580.
Harness, parts of, 626.
Headquarters, division, Hospital Corps men mounted at, 543 (*a*).
Hearing of cadets and cadet candidates, 123 (*a*).
Height of cadets and cadet candidates, 123 (*d*).
Height of recruits, 138, 139.
Hernia, 344.
Horse equipments for mounted members of the Hospital Corps, 627.
Horses, saddle, for Hospital Corps, 544 (*a*).
Hospital, base:
Hospital Corps men mounted with, 543 (*j*).
Material for, where assembled, 561.
Organization and personnel of, 560.
Supply table for, 582 to 591.
Hospitals, base—Continued.
Surgeon commanding, duties of, 537.
Tentage for, 545 (*e*).
Where established, 560.
Will occupy suitable buildings when practicable, 546, 560.
Hospital bedding, to be used only within hospital, 385.
Hospital boats and ships:
By whom controlled, 565.
Personnel of, 564.
Hospital buildings, 181 to 191.
Hospital clothing, disinfection of, 396.
Hospital construction and repair, estimates of, 183.
Hospital Corps:
Allowance of men at arsenals, general hospitals, engineer stations, and independent posts, 209.
Allowance of noncommissioned officers at permanent posts, 207.
Allowance of privates at permanent posts, 208.
Appointment of privates as lance corporals, 198.
Attached to Medical Department, 193.
Chief surgeons of departments authorize enlistments, 96.
Clothing allowance of, 217.
Companies of instruction, 221 to 244.
Descriptive lists of members of, 219.
Detachments of instruction, 245 to 271.
Equipment of, 220.
Married men not enlisted in, 203.
Monthly return of, 272 to 275.
Pay and clothing account kept by surgeon, 206.
Pouches, 617.
Transfer from line to, 202.
Reenlistment in, 199.
Report of instruction, 216.
Hospital, field:
Ambulance company section of, 554.
Care of wounded at, 547.
Hospital Corps men mounted with, 543 (*g*).
Hospital Corps men, mounts for, 544 (*a*).
Material for, where assembled, 561.
Organization and personnel of, 553.
Supply table for, 582 to 591.
Tentage for, 545 (*b*).
Hospital fund, 276 to 288.
Accountability for, 281.
Authority of chief surgeon regarding, 280.
Expenditure of, by post surgeon, 277.
Formation of, 276.
Quarterly statement of, 283.
Register of, 278, 279.
Transfer of, 287.
Hospital matrons, 289 to 291.
Allowance of, to hospitals, 289.
Compensation of, 291.
Duties of, 290, 291.
Hospital property, use and care of, 384 to 394.
Hospital, stationary:
Hospital Corps men mounted with, 543 (*j*).
Material for, where assembled, 561.
Organization and personnel of, 559.

Hospital, stationary—Continued.
Supply table for, 582 to 591.
Surgeon commanding, duties of, 536.
Tentage for, 545 (*d*).
Where established, 559.
Hospital stores:
Accounts for, 336.
Ambulance box of, 598.
Field supply table, 584.
General supply table, 452.
Hospital trains, boats, and ships, control of, 565.
Hospital trains, personnel of, 564.
Hospital, regimental:
Equipment of, 592.
Material for, where assembled, 561.
Miscellaneous articles for, 592 (*b*).
Organization of, 551.
Supply table for, 592.
Tentage for, 545 (*a*).
Hospitals, service of, 301 to 325.
Hypodermic syringe, 474.

I.

Ice, for hospitals, 326.
Ice machines operated by Quartermaster's Department, 326 (*c*).
Identification, personal, of enlisted men, 150 to 158.
Independent posts, allowance of Hospital Corps men at, 209.
Indian scouts, examination of, 147.
Infantry, regiment of, Hospital Corps men mounted with, 543 (*c*).
Infected clothing, treatment of, 321.
Infirmary, regimental, 552.
Equipment, 593.
Supply table for, 593.
Tentage, transportation, supplies for, 593.
Information slips, use of, 327.
Insane soldiers, transfer to Government Hospital for the Insane, 411 (*a*).
Inspection:
Ambulances, litters, etc., 47.
Army transports, 80, 81.
Hospital buildings, 184.
Hospital Corps, 231.
Medical and surgical chests, 393 (*a*).
Posts, by chief surgeons, 96.
Inspector General's Department, blanks, 585 (*e*).
Instruction:
Of companies, Hospital Corps, 221 to 244.
Administration, 221.
Duties of noncommissioned officers, 223.
Duties of officers, 222.
Records and reports, 225.
Of detachments, 245 to 271.
Of noncommisioned officers, 242 to 244.
Of recruits, 226 to 241.
Instruments:
For contract dental surgeons, 489.
For contract dental surgeons, additional, 493.
General supply table, 457.
Meteorological, 402.
Repair of, 391.
Supplied for use of officers, 36.
Surgical, for hospitals, 587.
To be examined once a month, 391.
Intercurrent diseases, record of, 423.
Issue of disinfectants, 396.
Issue of rifles to posts, 459.

K.

Kitchen refuse of camps, 569 (*c*).

L.

Laboratory, in hospital, 191.
Laboratory outfit, dental, for general hospitals, 493 (*c*).
Lance corporals, appointment and allowance of, 198.
Laundry work:
In hospital, by whom done, 290, 291, 292.
Hired, 292 to 300.
Leave of absence:
To officers, 37.
To nurses, 62.
Lenses, trial case of, 466.
Letter-press book, 91.
Library, hospital, 318.
Lime, use of, 398 to 400.
Lists of wounded, 573.
Litters:
Allowance of, to companies, how repaired and supplied, 45, 502.
Canvas for repair of, 389.
Inspection of, 47.
Mule, issue of, 46.
Liquors, prescriptions for, separate file, 403.
Loading of wagons of advanced supply depot, directions for, 633.

M.

Mailing tubes, 90.
Malarious localities, quinine as a prophylactic in, 569 (*k*).
Male nurses, 72.
Marking of boxes of field supplies, 632.
Marriages at post, record and report of, 349.
Married men not to be enlisted in Hospital Corps, 203.
Matting, rubber, allowance for halls in hospitals, 387.
Medical attendance, 330 to 345.
Accounts for, 333.
Charge for and how paid, 336.
To citizens living near post, 342.
To civilian employees in post exchange, 341.
To nurses, 61.
Medical books and journals, 346 to 348.
Medical books, box of, 601.
Medical Department:
Blanks of, 88, 585 (*a*).
Duties of, 2.
Duties of, in field, 498.
Mounts and transportation for, 544.
Organization of, 1.
Organization of, in field, 497.
Record books of, 88, 585 (*b*).
Service, direction of, in field, 503.
Tentage for field, 545.
Medical history of the post, 349.
Medical inspectors, detail of, 507.
Medical journals, 348.

Medical officers, 3 to 38.
Appointment of, 4 to 19.
Assignment of, 20 to 23.
Attended by mounted private on march, 541.
Detailed as disbursing officers, 122.
Examination for promotion, 24 to 33.
In field, 529 to 538.
Pay and emoluments, 34 to 38.
Service in camp, 504.
Medical property:
Accountability, 353 to 357.
Examined once a year, 391.
Not to be taken from post, 384.
Not to be used for other service, 309.
Unserviceable, 362 to 364.
Medical reports, 441 to 446.
Medical supplies, 350 to 400.
In emergency, 366, 382.
Defects of, to be reported, 356.
Exchange prohibited, 385 (*b*).
Metric system to be used, 350.
New remedies, 352.
Purchase of, 365 and 366.
Requisitions—
Annual, 367 to 376.
Special, 377 to 383.
Transfer of, 359 to 361.
Transportation of, 499 to 501.
Use and care of, 384 to 394.
Medical supply depots, 366 and 401.
Advanced, 562.
Base, 563.
Records of, 401.
Medical preparations, unofficial, formulæ of, 450.
Medicines:
Accounts for, 334.
Field supply table, 582.
For contract dental surgeons, 488.
General supply table, 448.
Packing of, 629, 630.
Mess chests:
Large, contents of, 609.
Small, contents of, 610.
Meteorological instruments, observations, reports, 402.
Metric system, 350.
Microscopes:
Field, 615.
For posts, 477.
Required for on special requisition, 379.
Microscopical accessories:
Case for, field, 615 (*b*).
For post, 379.
Military Secretary's Department, blanks of, 585 (*d*), 613 (*g*).
Miscellaneous articles, contract dental surgeon, 491.
Miscellaneous articles:
Field supply table, 589.
General supply table, 455.
Regimental hospitals, 592 (*b*).
Mobility of chest, 140.
Mode of examining recruit, 141 to 149.
Modification of general operating case, 460 (*b*).
Monthly report of sick and wounded, 430 to 440.
Monthly reports and returns, 441.
Monthly return of the Hospital Corps, 272 to 275.
When rendered, 273.
Mules, pack, for Medical Department, 544 (*c*).
Muster of members of the Hospital Corps, 204, 205.

N.

Names:
Alteration of, recruits, 144 (*c*).
New remedies, 352.
Nomenclature of diseases to be followed, 428.
Noncommissioned officers of the Hospital Corps, allowance of, at permanent posts, 207.
Nose instruments, case of, 464.
Numerical statement of report of sick and wounded, 435.
Nurse Corps, Army, 52 to 73.
Nurses:
Appointment of, 54.
Assignment of, 55.
Badge of, 71 (*b*).
Commutations of rations of, 68.
Discharge of, 60.
Duties of, 56, 57.
Efficiency reports of, 59 (*k*), (*l*), 66 (*a*).
Examination of, 54.
Expenses when traveling, 70.
Forbidden to receive presents, 58.
Illness of, 61.
Laundry for, 65, 71 (*a*).
Leave of absence, 62.
Male, 72.
Medical attendance, 61.
Misconduct of, 60.
Pay and allowances of, 64.
Pay rolls of, 64 (*b*) (*c*).
Private cases, 63.
Promotion of, 59.
Quarters of, 65.
Reports and returns of, 66.
Reserve, 67.
Active service of, 67 (*a*).
Badge of, 67 (*a*).
Pay and allowances of, 67 (*b*).
Special, 73.
Subsistence, 68.
To serve wherever needed, 55.
Tour of duty, 55.
Transfer of, 69.
Transportation, 70.
Uniform of, 71.

O.

Obstetrical bag, 469.
Office equipment:
Of brigade surgeon, 597.
Of chief surgeon of corps, 597.
Of division surgeon, 597.
Officers:
Admission to Army and Navy General Hospital, 165, 168.
Admission to General Hospital, Fort Bayard, 168, 179.
Medical—
Leave of absence, 37.
Monthly reports of, 446.
Must not engage in civil practice, 342.
Retirement of, 38.

Operating case:
General, 460.
Pocket, 461.
Small, 603.
Operating room:
For hospitals, 190.
Furniture for, 456.
Operations, surgical, record of, on register, 423.
Order and letter book, 90, 91.
Orderly pouch, 618.
Ordnance Department:
Blanks of, 585 (*h*), and 613 (*f*).
Articles furnished by—
To advance supply depot, 596 (*c*).
To ambulance company 594 (*c*).
To base hospital, 591.
To field hospital, 591.
To regimental hospital, 592 (*d*).
To regimental infirmary, 593 (*d*).
To stationary hospital, 591.
Organization:
Of companies of instruction, Hospital Corps, 221 to 225.
Of field medical service, 497.
Of Hospital Corps, 192.
Of Medical Department, 1.

P.

Packing:
Of medicines, 630.
Of supplies for the field, 629 to 632.
Packet, first aid, contents of, 616.
Paquelin's thermo-cautery, 471.
Parts of field range, large, 619.
Parts of field range, small, 620.
Patients in hospital:
Disposal of arms and accouterments, 303.
Information to company commanders, 304.
Pay and clothing accounts kept by surgeon, 206.
Pay for examination of recruits, 136.
Pay and emoluments:
Of nurses, 64.
Of officers, 34.
Of officers, retired, 38.
Paymaster General's Department, blanks, 585 (*i*).
Personal identification of enlisted men, 150 to 158.
Personal reports of medical officers, 446.
Personnel:
Of medical and sanitary service, field, 494.
Of medical service of a division, 567.
Photographic record, 155.
Physical examination:
Of applicants for appointment as assistant surgeon, 9 (*a*).
Of recruits, 127 to 129.
Physicians, civilian, to sign professional papers, 441.
Post gardener, gratuity to, paid from hospital fund, 282 (*b*).
Post-mortem case, 476.
Post-mortem examination, report of, 436 (*b*).
Post, medical history of, 349.
Post:
Inspection of, by chief surgeon, 98.
Number of medical officers at, 21.
Sanitary condition of, 96.
Pouch:
Hospital Corps, 617.
Orderly, 618.
Prescriptions, 403.
To civilians, 403.
Prisoners, general, on register cards of patients, 408.
Privates, Hospital Corps:
Allowance at permanent posts, 208.
Detailed as lance corporals, 198.
Promotion:
Board of officers to determine fitness of officers for, 24.
Examination of officers for, 25 to 33.
Report of board, 32.
Of nurses, 59.
Property:
Destroyed to prevent contagion, how accounted for, 321.
Medical, use and care of, 384 to 394.
Publication of special reports, 439.
Purchase of medical supplies, 365, 366.
From hospital fund, 280.

Q.

Quarantine of army transports, 80.
Quartermaster's Department:
Blanks of, 585 (*g*).
Tentage, transportation, and supplies furnished by, 590 and 592 to 596.
Quarters:
For assistant to contract dental surgeon, 119.
For sergeants first class, Hospital Corps, repair of, 184.
Quicklime as disinfectant, 398, 399.
Furnished by Quartermaster's Department, 400.
Quinine, prophylactic doses of, 569 (*k*).

R.

Record books, Medical Department, 90.
Record, finger print, 154.
Record, photographic, 155.
Records, 88, 89.
Kept by chief surgeons of military departments, 99.
Of abandoned posts, forwarded to Surgeon General, 41.
Of companies of instruction, Hospital Corps, 225.
Of death, 322.
Of discontinued depots of staff departments, 39.
Of medical supply depot, 401.
Recruits:
Character of, on assignment card, 133.
Chest mobility, 140.
Compensation to civilian physicians for vaccination of, 136.
Discharge on certificates of disability, 134.
Examination of—
Physical, 127 to 161.
After enlistment, 129.
Prior to leaving recruiting depot, 132.

Recruits—Continued.
Height of, 138.
Monthly report of examination of, 161.
Responsibility for the physical examination of, 131.
Sickness of, 137.
Table of physical proportions of, 148.
Unfit for service or illegally enlisted, 134.
Vaccination of, 130.
Weight of, 139.
Reduction of noncommissioned officers, Hospital Corps, 197.
Reenlistments, 159, 160.
Of sergeants first class, Hospital Corps, 195.
Reexamination for sergeants first class, Hospital Corps, 214.
Regiment of cavalry, Hospital Corps men with, 566.
Regiment of infantry, Hospital Corps men with, 566.
Regimental aid in the field, 497.
Regimental hospital:
Equipment of, 592.
Organization of, 551.
Regimental infirmary:
Equipment of, 593.
Organization of, 552.
Regimental surgeon, duties of, 533.
Register:
Field, 570 to 578.
Of hospital fund, 278, 279.
Register cards of patients, 404 to 410.
Directions for preparing, 411 to 427.
Reloading outfits, issue of, 459.
Repairs:
Of hospitals, 183, 184.
Of hospital furniture, 392.
Of quarters for sergeants first class, Hospital Corps, 184.
Report cards, 430.
Report:
Of abandoned posts, 41.
Of births, 438.
Of chief surgeon of military department, 96.
Of instruction to men of Hospital Corps, 216.
Of medical supply depots, 401.
Of officers and men in hospital not belonging to post, 323.
Of officers, personal, 446.
Of sick and wounded, 430 to 440.
Reports and returns, 441 to 446.
Daily, 441.
Monthly, 441.
Occasional, 441.
Of epidemic diseases, 442.
Sanitary, 2 (*a*), 445.
Yearly, 441.
Requisition:
Annual, for medical supplies, 367 to 376.
Annual, for dental supplies, 367 (*a*).
Special, for medical supplies, 377 to 383.
Reserve bedding and clothing unit, 623.
Reserve medicines, boxes for, 630.
Reserve nurses:
Active service, 67.
Appointment of, 67.
Reserve nurses—Continued.
Badge of, 67.
Pay and allowances of, 67.
Restraint apparatus, 484.
Retired enlisted men, medical attendance for, 331.
Return of Hospital Corps, 272 to 275.
Return of medical property, 358.
Ribbon shields, how obtained, 380.
Rifles, issue of, for drill, 459.
Rubber matting, allowance for halls of hospitals, 387.

S.

Saddler's tools for ambulance company, 595 (*c*).
Sale of unserviceable property, 364.
Sanitary report, 2 (*a*), 445.
Sanitation of camps, 569.
Sick call:
How conducted, 343.
In field, 533 (*a*).
Sick:
Report of, 430 to 440.
Transfer of, 410, 572, 575, 576, and 577.
Sinks of camps, care of, 569 (*b*).
Sergeant, Hospital Corps:
Application for appointment as, 210.
Duties of, 213.
Examination of, 211.
Reduction of, 197.
Sergeant first class, Hospital Corps:
Appointed by Secretary of War, 194.
Alteration of quarters of, 184.
Examination of, 194.
Personal report of, 196.
Reenlistment of, 195.
Report of death of, 444.
Report of intention to reenlist, 195.
Reduction of, 197.
Service, medical:
In camp, 504 to 506.
During and after battle, 516 to 525.
On march, 510 to 514.
Services, voluntary, and contributions, 550.
Shell-wound dressing, 616 (*a*).
Ships, hospital:
Control of, 565.
Personnel of, 564.
Signal Corps, sanitary organization of, 566 (*f*).
Skeleton in cabinet, how obtained, 379.
Smallpox in post, 443.
Societies, private, service of, how utilized, 496 and 550.
Special nurses, 73.
Specialist, treatment by, and how paid, 336.
Statement of hospital fund, 283.
Station and duty, report of, 446.
Stationery:
Dental surgeon, 492.
Field supply table, 585.
General supply table, 453
Stationary hospital:
Hospital Corps men mounted with, 543.
Material for, where assembled, 561.
Organization and personnel of, 559.
Supply table for, 582 to 591.
Surgeon commanding, duties of, 536.

Stationary hospital—Continued.
Tentage for, 545 (*d*).
Where established, 559.
Will occupy buildings where practicable, 546.
Sterilized dressings, not issued to posts, 376.
Sterilizer chest, contents of, 611.
Subsistence Department, blanks, 585 (*f*).
Subsistence:
Of nurses, 68.
Of sick in hospital, 315.
Superintendent of Nurse Corps:
Appointment of, 53.
Compensation of, 52.
Duties of, 53.
Supplies:
Allowance for regimental hospital, 592.
Allowance for regimental infirmary, 593.
Carried by each ambulance company, 594, 595.
Method of packing in the field, 629 to 632.
Supply depots:
Medical, 366.
Advance, 562.
Base, 563.
Records of, 401.
Supply table:
Dental, 487 to 493.
Field, 581 to 633.
General, 447 to 486.
Surgeon:
Brigade, duties of, 532.
Chief—
Of corps, duties of, 530.
Of department, 96 to 99.
Of line of communications, 538.
Surgeon commanding:
Ambulance company section, duties of, 535.
Base hospital, duties of, 537.
Field hospital, duties of, 534.
Stationary hospital, duties of, 536.
Surgeon, division, duties of, 531.
Surgeon General, rank of, 1.
Surgeons, rank and number of, 1.
Surgical appliances, 457 and 587.
Purchased with approval of Surgeon General, 336.
Repair of, 390.
Surgical chest:
Contents of, 612.
Inspection of, 393.
Surgical dressings, 457 and 588.
Ambulance box of, 599.
Reserve box of, 602.
Surgical instruments:
Of hospitals, 457 and 587.
Repair of, 390.
Surgical operations:
Record of, on register, 423.
Reports on, publications of, 439.

T.

Tentage, allowance of:
For field medical service, 545.
For regimental hospital, 545.
For regimental infirmary, 593.
Tent unit:
Of bedding and clothing, 621.
Of furniture, 622.
Text-books for instruction of members of the Hospital Corps, 257.
Thermometers, clinical, 327 and 380.
Throat, instruments for, 464.
Tool chest, 486.
Tooth-extracting case, 482.
Trains, hospital:
Control of, 565.
Personnel of, 564.
Transcripts forwarded in lieu of descriptive lists in certain cases of members of the Hospital Corps, 219.
Transfer cards, use of, 410, 419, 420.
Transfer:
Of enlisted men of the line to the Hospital Corps, 202.
Of hospital fund, 287, 288.
Of medical supplies, 359 to 361.
Of nurses, 69.
Of patients to Government hospital for the insane, 410.
To Army and Navy General Hospital, 168.
To General Hospital, Fort Bayard, N. Mex., 179.
Transportation and supplies, 499 to 502.
Transportation, allowance of:
For advanced supply depot, 544.
For ambulance company section, 544.
For base hospital, 544.
For field hospital, 544.
For medical service of a division, 567.
For regimental hospital, 544.
For regimental infirmary, 544.
For stationary hospital, 544.
Transports, Army:
Disposition of sick discharged soldiers, arriving on, 306.
Equipment and property of, medical 77.
Inspection and sanitation of, 80, 81.
Medical service of, 75, 76.
Passenger list of Medical Department aboard, 74.
Physical examination of crew, 84.
Purchase of special diet for sick, 78.
Quarantine and infection of, 80.
Superintendent, duties of, 74.
Surgeons, 75.
Records of inspections by, 82.
Reports, sanitary, 83.
Travois:
Allowance of, 544 (*d*).
Issue of, 46.
Tubs, bath, field, 600.
Typewriters:
Obtained on special requisition, 379.
Ribbons for, how obtained, 327 and 380.

U.

Underclothing, kind and care of, in field, 569 (*l*).
Uniform:
Contract dental surgeons, 121.
Contract surgeons, 106.
Nurses, 71.

Unserviceable medical property, 362 to 364.
Unit, tent:
f bedding and clothing, 621.
Of furniture, 622.
Unit of reserve bedding and clothing, 623.
Utensils, cooking, field, 619, 620.

V.

Vaccination of recruits:
By civilian physicians, compensation for, 136.
Directions for, 130.
Vaccine virus, 130, 327, and 381.
Vaporizer and inhaler, 483.
Vision-test set, 467.
Voluntary contributions, 550.
Voluntary service in the field, 550.

W.

Wagon harness, parts of, 626.
Wagon, four-horse, parts and accessories carried by, 625.
Wagons of advance supply depot, how loaded, 633.
War, sanitary measures in time of, 569.
Water-closets, care of, 397.
Water sterilizing outfit, 614.
Water supply of camps, 569 (*d*).
Weights and measures given in metric system, 350.
Window curtains, 378.
Wire netting, 378.
Wounded:
Care of, 547 to 549.
List of, 573.
Report of, 430 to 440.
Transfer of, 574 to 577.

X.

X-ray apparatus, 457 and 587.

Y.

Yellow fever in post, 442, 443.
Yearly reports, 441 (*c*).

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